Submit 3 Copies To Appropriate	e District	State of New Me	exico		Form C-103
Office District I	Energy	, Minerals and Natu	ral Resources		May 27, 2004
1625 N French Dr , Hobbs, NM	88240			WELL API NO. 30-025-26328	
<u>District II</u> 1301 W. Grand Ave , Artesia, N	OIL CONSERVATION DIVISION			5. Indicate Type of Lease	
OIL CONSERVATION DIVISION District III  1301 W. Grand Ave , Artesia, NM 88210 HOBBS OCD 1220 South St. Francis Dr.			ncis Dr.	STATE XX	FEE 🗆 🖊
1000 Rio Brazos Rd , Aztec, NM 87410 <u>District IV</u> 1220 S St. Francis Dr., Santa Fe, NM EC. 0 5 2011  Santa Fe, NM 87505				6. State Oil & Gas Lease 1	
87505 St. Francis Dr., Santa Fe	E, NMEC. V 3 ZOII			LG-1208	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS/EGIDRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH				<ol> <li>Lease Name or Unit Ag STATE 23</li> </ol>	reement Name
PROPOSALS)	SE "APPLICATION FOR PE	RMIT" (FORM C-101) FO		2 11 12 1 2	
1. Type of Well: Oil We	ll XX Gas Well (	Other		8. Well Number 2  9. OGRID Number 1364	45
2. Name of Operator LYNX PETROLEUM CONSULTANTS, INC.				9. OGRID Number 150-	
3. Address of Operator	CONSULTANTS, INC			10. Pool name or Wildcat	
P. O. BOX 1708, HOBBS	S, NM 88241			Antelope Ridge; Bone Sp	ring, West
4. Well Location	·				
	<u>F</u> : <u>1980</u> feet	from the NORTH	line and 1980 feet fr	om the WEST line	
		wnship 23S		NMPM LEA County	J
Section 2.		on (Show whether DR		NIVIFIVI LEA County	!
		3389' GL		<u>1</u> 40 <sub>000</sub>	
Pit or Below-grade Tank Applie					
Pit typeDepth to	GroundwaterDist	ance from nearest fresh v		ce from nearest surface water_	
Pit Liner Thickness:	mil Below-Gra	de Tank: Volume	bbls; Cons	truction Material	
12.	Check Appropriate	Box to Indicate N	lature of Notice, R	eport or Other Data	
NOTICE	OF INTENTION	TO:	SUBS	<b>EQUENT REPORT</b>	OF:
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK					NG CASING □
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRILLING OPNS.☐ P AND A ☐					A 🗆
PULL OR ALTER CASING	G MULTIPLE	COMPL	CASING/CEMENT	JOB 🗌	
071150			OTHER: PLUGBA	ACK.	
OTHER:	d or completed operation	ns (Clearly state all		give pertinent dates, includ	ing estimated date
of starting any pro	onosed work). SEE RU	LE 1103. For Multin	le Completions: Atta	ch wellbore diagram of pro	oposed completion
or recompletion.	pos <b>ca</b> work). OBB RO	22 11001 101 1111111		1	
,					
9/9/11 to 11/14/2011					
RU and ran CR/CCL/CBL/	CNL log from PBTD to	o 6830'. TOC @ 695	2". Perforated Bone	Spring Avalon w/6 JSPF (	@ 8782', 8812',
8844', and 8870', 6 JSPF.	Tested tbg. to 9000 psi	g. Frac Bone Spring	Avalon w/2000 gals.	7 1/2% HCL spearhead acid	followed by
248,000 gals. gelled water	carrying 90,000 lbs. 40	/70 white sand follow	red by 51,272 lbs. SB	Excel 20/40. Tested well.	
Ran 2 7/8", 6.5# L80 tbg. a	and set @ 8909'. Ran re	ods and pump.			
Connect gas and return wel					
Connect gas and return wer	ir to production 11/14/1	1.			
04 has 4 = 2 11/05/11 10 B	O O DIV 3 1 (7 3 4 (7)	7			
24-hr. test 11/25/11 – 18 Be	O, 9 BW, and 167 MCI	₹.			
24-hr. test 11/25/11 – 18 Be	O, 9 BW, and 167 MCI	₹.			
24-hr. test 11/25/11 – 18 B	O, 9 BW, and 167 MCI	7.			
24-hr. test 11/25/11 – 18 B	O, 9 BW, and 167 MCI	7.			
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24-hr. test 11/25/11 – 18 B	O, 9 BW, and 167 MCI	7.		,	
				,	
24-hr. test 11/25/11 – 18 Be I hereby certify that the infegrade tank has been/will be cons	ormation above is true	and complete to the b	est of my knowledge : ⊒, a general permit □ or	and belief. I further certify t an (attached) alternative OCD	hat any pit or below- I-approved plan □.
I hereby certify that the infegrade tank has been/will be con-	ormation above is true	and complete to the b	☐, a general permit ☐ or	an (attached) alternative OCD	D-approved plan □.
I hereby certify that the info	ormation above is true	and complete to the b	est of my knowledge : □, a general permit □ or AGENT	an (attached) alternative OCD	hat any pit or below- D-approved plan □. TE <u>12/2/11</u>
I hereby certify that the infegrade tank has been/will be cons	formation above is true so structed or closed according	and complete to the b g to NMOCD guidelines [	], a general permit □ or AGENT	an (attached) alternative OCD	D-approved plan □.
I hereby certify that the infegrade tank has been/will be constituted.  SIGNATURE  Type or print name  D	ormation above is true	and complete to the b	☐, a general permit ☐ or	an (attached) alternative OCD	D-approved plan □.
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