N.M. OIL CONS ...
P.O. BOX 19...
HOBBS N...

Form 3160-5 '94 DE... 2 AM 8 50 UNITED STATES
(June 1990)
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

5. Lease Designation and Serial No.

LC-031741 (B)

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8910088560

1. Type of Well	
[X] Oil Well [ ] Gas Well [ ] Other	

8. Well Name and No.

Eumont Hardy Unit #46

2. Name of Operator
Lynx Petroleum Consultants, Inc.

9. API Well No.
30-025-06679

3. Address and Telephone No.
P.O. Box 1979, Hobbs, NM 88241   505-392-6950

10. Field and Pool, or Exploratory Area
Eumont Yates 7-R Queen

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

2310' FSL & FEL
Sec. 6, T-21S, R-37E

11. County or Parish, State

Lea County, NM

12. **CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

TYPE OF SUBMISSION	TYPE OF ACTION	
[ ] Notice of Intent	[ ] Abandonment	[ ] Change of Plans
	[ ] Recompletion	[ ] New Construction
[X] Subsequent Report	[ ] Plugging Back	[ ] Non-Routine Fracturing
	[ ] Casing Repair	[ ] Water Shut-Off
[ ] Final Abandonment Notice	[ ] Altering Casing	[ ] Conversion to Injection
	[X] Other Correct API Number	[ ] Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

This is to notify you that the correct API number for the well is
30-025-06679 (per OCD-Hobbs).

Please disregard the previous Sundry dated 9/28/94 changing the API
number as it was incorrect on the OCD printout sent to us.

NM 9 1994

OCT 28 10 40 AM '94 RECEIVED

14. I hereby certify that the foregoing is true and correct

Signed _Deborah McKelvey_   Title Regulatory Clerk   Date ____

(This space for Federal or State office use)

Approved by ____   Title ____   Date ____
Conditions of approval, if any:

*See Instruction on Reverse Side