

Form 3160-5  
(June 1990)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

**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**

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

Lynx Petroleum Consultants, Inc.

3. Address and Telephone No.

P.O. Box 1979, Hobbs, NM 88241 505-392-6950

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

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

5. Lease Designation and Serial No.

LC-031741 (B)

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8910088560

8. Well Name and No.

Eumont Hardy Unit #46

9. API Well No.

30-025-06679

10. Field and Pool, or Exploratory Area

Eumont Yates 7-R Queen

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

- ☐ Notice of Intent  
☒ Subsequent Report  
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment  
☐ Recompletion  
☐ Plugging Back  
☐ Casing Repair  
☐ Altering Casing  
☒ Other Correct API Number  
☐ Change of Plans  
☐ New Construction  
☐ Non-Routine Fracturing  
☐ Water Shut-Off  
☐ Conversion to Injection  
☐ 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.

RECEIVED  
OCT 28 10 40 AM '94  
OCD AREA

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

Signed

Debrah McKelvey

Title

Regulatory Clerk

Date

(This space for Federal or State office use)

Approved by

Conditions of approval, if any:

Title

Date