

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103

May 27, 2004

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO.

30-025-04196

5. Indicate Type of Lease

FEDERAL ☒ STATE ☐ FEE☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

REED SANDERSON UNIT

8. Well Number 16

9. OGRID Number 13645

10. Pool name or Wildcat

EUMONT YATES 7-RVRS QUEEN

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well ☐ Gas Well ☒ Other

2. Name of Operator

LYNX PETROLEUM CONSULTANTS, INC.

SEP 24 2007

3. Address of Operator

P. O. BOX 1708, HOBBS, NM 88241

OCD-ARTESIA

4. Well Location

Unit Letter A : 660 feet from the NORTH line and 660 feet from the EAST lineSection 9 Township 20S Range 36E NMPM LEA County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

Pit or Below-grade Tank Application ☐ or Closure ☐

Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____

Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐TEMPORARILY ABANDON ☐ CHANGE PLANS ☐PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐COMMENCE DRILLING OPNS. ☐ P AND A ☐CASING/CEMENT JOB ☐OTHER: RETURN TO INJECTION ☒

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

7/2/07 - Returned injector to active status: Injecting approximately 2 BWPD @ 1300 #.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.SIGNATURE Debbie McKelvey TITLE AGENT DATE 9/20/07Type or print name Debbie McKelvey E-mail address: _____ Telephone No. 505-392-3575For State Use OnlyAPPROVED BY: Harry W. Wink TITLE OCD FIELD REPRESENTATIVE / STAFF MANAGER DATE OCT 01 2007

Conditions of Approval (if any): _____

