<ol> <li>Name of Operator         <ul> <li>Lynx Operating Co., Inc.</li> <li>Address of Operator</li></ul></li></ol>	Form C-103 May 27, 2004WELL API NO. $30-041-20919$ 5. Indicate Type of Lease STATE $\Box$ FEE $\boxtimes$ 6. State Oil & Gas Lease No. $35314$ 7. Lease Name or Unit Agreement Name: Peterson8. Well No. 19. OGRID Number $175071$ 10. Pool name or Wildcat Peterson, Fusselman
Unit Letter H : 2000 feet from the N line and 660	
Section 19 Township 5-S Range 33-E 11. Elevation (Show whether DR, RKB, RT, GR, etc.)	NMPM County Roosevelt
11. Elevation (Show whether DR, RKB, R1, GR, etc.) 4420	
Pit or Below-grade Tank Application or Closure	
Pit type Depth to Groundwater Distance from nearest fresh water well	Distance from nearest surface water
	ls; Construction Material
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
PERFORM REMEDIAL WORK  PLUG AND ABANDON  REMEDIAL WORK TEMPORARILY ABANDON  HCHANGE PLANS PULL OR ALTER CASING HULTIPLE COMPLETION HER CASING/CEMENT	LING OPNS. 🗍 PAND A 🛛 🕅
	-103 (Subsequent Report of Well Plugging)
OTHER:       OTHER:       OTHER:       OTHER:       Other is a backgrout Report of Well Plugging)         13. Describe proposed or completed operations. (Clearly state all pertinent details, and reixe previount dates in the function of the state of and the state of the state	
I hereby certify that the information above is true and complete to the best of my knowledge and belie	ef. I further certify that any pit or below-grade tank
has been/will be constructed or closed according to NMOCD guidelines X, a general permit I or a	n (attached) alternative OCD-approved plan
	PATTONS DATE 1/08/08
Type or print name E-mail address: For State Use Only OC DESTRICT SUPERVISORA	Telephone No. CENERAL MANAGER JUL 2 5 2008

TITLE

APPROVED BY <u>*Kas Wellum*</u> Conditions of Approval (if any):

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DATE