

RECEIVED

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCD-HOBBS

FORM APPROVED
Budget Bureau No 1004-0135
Expires: March 31, 1993
5. Lease Designation and Serial No.
LC 062903

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

12. Well Name and No.

Lusk 31 Federal No. 2

13. API Well No.

30-025-39079

14. Field and Pool, or Exploratory Area

Lusk Bone Spring, North

15. County or Parish, State

Lea, NM

SUBMIT IN TRIPLICATE

4. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

Lynx Petroleum Consultants, Inc.

5. Address

P.O. Box 1708, Hobbs, NM 88241

Telephone No.

505-392-6950

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

2310' FSL & 2310' FWL, Sec. 31, T18S, R32E

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

TYPE OF SUBMISSION

TYPE OF ACTION

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

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other SET 5 1/2" CSG.

- ☐ 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)

15. 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.)*

9/9/08

Drill 7 7/8" hole to 9807'.

Run 5 1/2", 17# N-80, LT&C csg. DV tool @ 7240'

Cement in two stages w/total of 1500 sx Class C. Circulate 69 sx. On 1st stage. Plug down on 2nd stage.

WOC 24 hrs.

BOP stack tested w/plug to 5000 psig.

Run temperature survey, TOC @ 2500'.

ACCEPTED FOR RECORD

OCT 5 2008

BUREAU OF LAND MANAGEMENT
CARLSBAD FIELD OFFICE

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

Signed Debbie McKelvey Title Debbie McKelvey, Agent Date 09/17/08

(This space for Federal or State office use)

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