

OCD-HOBBS

UNITED STATES
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

FORM APPROVED Budget Bureau No 1004-0135 Expires March 31, 1993	
5. Lease Designation and Serial No. LC-031622B	
6. If Indian, Allottee or Tribe Name	
7. If Unit or CA, Agreement Designation NM710214	
8. Well Name and No Reed Sanderson Unit #16	
9. API Well No. 30-025-04196	
10. Field and Pool, or Exploratory Area Eumont Yates & Rivers Queen	
11. County or Parish, State Lea, NM	

SUBMIT IN TRIPLICATE	
1. Type of Well <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other	
2. Name of Operator Lynx Petroleum Consultants, Inc.	
2. Address P.O. Box 1708, Hobbs, NM 88241	
Telephone No. 505-392-6950	
3. Location of Well (Footage, Sec, T., R., M., or Survey Description) 660' FNL & 660' FEL, Unit letter A, Sec. 9, T20S, R36E,	

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA		
TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other RETURN TO INJECTION	<input type="checkbox"/> 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)* 7/2/07 -- Returned injector to active status: Injecting approximately 2 BWPD @ 1300#.	
<div style="text-align: right;"><div>ACCEPTED FOR RECORD /S/ DAVID R. GLASS NOV 1 2007 DAVID R. GLASS PETROLEUM ENGINEER</div></div>	

14. I hereby certify that the foregoing is true and correct	
Signed <u>Debbie McKelvey</u>	Title <u>Debbie McKelvey, Agent</u> Date <u>9/20/07</u>
(This space for Federal or State office use)	
Approved by <u>[Signature]</u>	Title <u>PETROLEUM ENGINEER</u> Date <u>MAY 15 2009</u>
Conditions of approval, if any	