

UNITED STATES **OCD-HOBBS**
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED

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. NMNM90578	
6. If Indian, Allottee or Tribe Name	
7. If Unit or CA, Agreement Designation NM 71021A	
8. Well Name and No. Reed Sanderson Unit #12	
9. API Well No. 30-025-04185	
10. Field and Pool, or Exploratory Area Eumont Yates & Rivers Queen	
11. County or Parish, State Lea, NM	

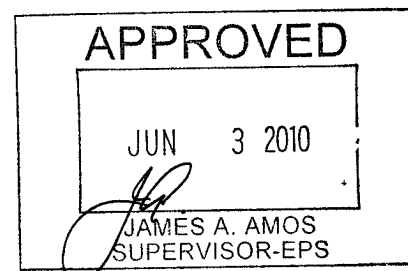
SUBMIT IN TRIPLICATE

1. Type of Well <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <i>Iny.</i>	
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 'FSL & 2310' FEL, Sec. 3, 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"/> Subsequent Report <input checked="" type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Abandonment <input type="checkbox"/> Recompletion <input type="checkbox"/> Plugging Back <input type="checkbox"/> Casing Repair <input type="checkbox"/> Altering Casing <input type="checkbox"/> Other	<input type="checkbox"/> Change of Plans <input type="checkbox"/> New Construction <input type="checkbox"/> Non-Routine Fracturing <input type="checkbox"/> Water Shut-Off <input type="checkbox"/> Conversion to Injection <input type="checkbox"/> Dispose Water <small>(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)</small>

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)*

ALL REQUIREMENTS HAVE BEEN MET FOR FINAL ABANDONMENT.



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

Signed Debbie McKelvey Title Debbie McKelvey, Agent Date 05/28/10

(This space for Federal or State office use)

Approved by ELG 6-14-10 Title _____ Date _____
Conditions of approval, if any: _____

P.M.