

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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DEC 09 2010

HOBBSOCD

FORM APPROVED	
Budget Bureau No. 1004-0137	
Expires: March 31, 2007	
5. Lease Serial No.	
NM 23006	
6. If Indian, Allottee or Tribe Name	

**SUNDRY NOTICES AND REPORTS ON WELLS**  
*Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.*

**SUBMIT IN TRIPLICATE - Other instructions on reverse side.**

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input checked="" type="checkbox"/>		7. If Unit or CA, Agreement, Name and/or No.
2. Name of Operator Lynx Petroleum Consultants, Inc. /		8. Well Name and No. Lusk '31' Federal No. 3 /
3a. Address P.O. Box 1708, Hobbs, NM 88241	3b. Phone No. (include area code) 575-392-6950	9. API Well No. 30-025-39593 /
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1880' FSL & 2080' FEL, Section 31, T-18S, R-32E /		10. Field and Pool, or Exploratory Area Lusk North Bone Spring/Wolfcamp /
		11. County or Parish, State Lea, New Mexico /

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"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other <u>Add Bone Spring Perforations</u>
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleate horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleation in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be Filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)
1. MIRU. Pull rods and pump. NU BOP. Release TAC. Tally tubing OOH. ND BOP and NU frac head.
  2. Set CIBP @ 9800'. Perforate 2<sup>nd</sup> Bone Spring sand Zone 5 from 9230-60' w/ 4 JSPF. Frac 2<sup>nd</sup> Bone Spring sand @ 40 BPM w/1000# 20/40 white sand followed by 12295# 14/40 liteprop 108 followed by 8136# 20/40 Super LC.
  3. Set CIPB @ 9150'. Perforate 2<sup>nd</sup> Bone Spring carbonate Zone 6 8690-8706' w/ 4 JSPF. Acidize 2<sup>nd</sup> Bone Spring carbonate w/1500 gals. 15% HCL-NE-FE at 5 BPM.
  4. Set CIBP @ 8600'. Perforate 1<sup>st</sup> Bone Spring sand Zone 7 from 8356-60', 8364-78, 8382-97', 8400-02', & 8406'-08' w/1 JSPF. Frac 1<sup>st</sup> Bone Spring sand @ 51 BPM w/1023# 20/40 sand followed by 13,088# 14/40 liteprop 108 followed by 4226# 20/40 Super LC. Flowback 1<sup>st</sup> Bone Spring sand Zone 7 until dead.
  5. ND frac head. NU BOP. Drill out CIBP @ 8600', 9150' and 9800'. Circulate hole clean. POOH.
  6. Run production tubing. Space out TAC above top perforations at 8356'. Run pump and rods. Return well to production.
  7. Testing.

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

Name (Printed/Typed) Debbie McKelvey	Title AGENT
Signature <i>Debbie McKelvey</i>	Date 12/8/10

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by	Title PETROLEUM ENGINEER	Date FEB 18 2011
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.		
Office <i>[Signature]</i>		