

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil ☒ well gas ☐ well other ☐

2. NAME OF OPERATOR
Lynx Petroleum

3. ADDRESS OF OPERATOR
P.O. Box 1666, New Mexico, 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
810' FNL 1830' FEL Sec 4
AT SURFACE: T-17S R-32E
AT TOP PROD. INTERVAL: Same
AT TOTAL DEPTH: Same

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

5. LEASE
New Mexico 2321

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
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7. UNIT AGREEMENT NAME
--

8. FARM OR LEASE NAME
Santiago Federal

9. WELL NO.
4

10. FIELD OR WILDCAT NAME
Maljamar Gr-SA

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 4 T-17S R-32E

12. COUNTY OR PARISH
Lea

13. STATE
New Mexico

14. API NO.
30-025-00465

15. ELEVATIONS (SHOW DF, KDB, AND WD)
4225 DF

REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐ ☐

FRACTURE TREAT ☐ ☒

SHOOT OR ACIDIZE ☐ ☒

REPAIR WELL ☐ ☐

PULL OR ALTER CASING ☐ ☐

MULTIPLE COMPLETE ☐ ☐

CHANGE ZONES ☐ ☐

ABANDON* ☐ ☐

(other) ☐ ☐

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

17. 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.)*

1. Perforate 4072-78, 82-85, 87-90, 92-99, 4102-04, 4109-12
1 SPF, Acidize with 2000 gallons 15% HCL
2. Perforate 3893-88, 3998, 4006, 4012, 4024-26, 4030-36
1 SPF. Acidize with 1700 gallons 15% HCL and Fracture with 13,200 gallons of gel and 23,500 pounds
3. Perforate 3361-78 1 SPF. Acidize with 1500 gallons of 15% HCL.
Fracture treat with 15,000 gallons gel and 25,500 pounds.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Gary W. Foray TITLE Vice-President DATE June 7, 1984

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE _____ DATE _____
CONDITIONS OF APPROVAL 2410

JUN 8 1984

*See Instructions on Reverse Side