

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, Hobbs, New Mexico
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 810' FNL 1830' FEL
AT TOP PROD. INTERVAL: Same NW/NE
AT TOTAL DEPTH: Same
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

- | | | |
|---------------------------------|--------------------------|--------------------------|
| TEST WATER SHUT-OFF | <input type="checkbox"/> | <input type="checkbox"/> |
| FRACTURE TREAT | <input type="checkbox"/> | <input type="checkbox"/> |
| SHOOT OR ACIDIZE | <input type="checkbox"/> | <input type="checkbox"/> |
| REPAIR WELL | <input type="checkbox"/> | <input type="checkbox"/> |
| PULL OR ALTER CASING | <input type="checkbox"/> | <input type="checkbox"/> |
| MULTIPLE COMPLETE | <input type="checkbox"/> | <input type="checkbox"/> |
| CHANGE ZONES | <input type="checkbox"/> | <input type="checkbox"/> |
| ABANDON* | <input type="checkbox"/> | <input type="checkbox"/> |
| (other) Run production casing X | | |

(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.)*

Ran 4150' of 5½" 15.5# K-55 LT&C
Cemented with 1200 SX Light + 15# salt mixed at 13 pounds per gallon. 300 SX 50/50 Poz mixed at 13.8 pounds per gallon.
Circulated 110 SX to surface.

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

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

SIGNED Larry C. Feltz TITLE Vice-President DATE 5-16-84

ACCEPTED FOR RECORD (This space for Federal or State office use)

APPROVED BY GWO TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

MAY 18 1984

Carlsbad

NEW MEXICO

*See Instructions on Reverse Side

5. LEASE
~~Santiago Fed~~ NM 2321
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
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7. UNIT AGREEMENT NAME
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8. FARM OR LEASE NAME
Santiago Fed
9. WELL NO.
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

RECEIVED
MAY 22 1984
O.C.D.
HOBBS OFFICE