

N. M. OIL COI. COMMISSION  
P. O. BOX 1980  
HOBBS, NEW MEXICO 88240

Form 9-331  
Dec. 1973

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

Form Approved.  
Budget Bureau No. 42-R1424

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 Consultants Inc.

3. ADDRESS OF OPERATOR  
P.O. Box 1666 Hobbs NM 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 1980 FS & 1980 FE  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:

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

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) ☐

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5. LEASE  
LC-054687  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
7. UNIT AGREEMENT NAME  
8. FARM OR BASE NAME  
Hudson Fed. Hudson Fed.  
9. WELL NO.  
Hudson Fed. #2  
10. FIELD OR WILDCAT NAME  
Maljamar Gr-Sa  
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
15 T-17S R-32E  
12. COUNTY OR PARISH  
Lea  
13. STATE  
NM  
14. API NO.  
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
4044 DF

(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) Frac treat perfs 4068-78 w/10,000 gals gelled water and 15,000 lbs. sand
- 2) Frac treat perfs 3984-90 w/ 6,000 x-linked acid and 11,000 lbs. sand
- 3) Perf 3854-3939
- 4) Frac treat perfs 3854-3939 w/15,000 gals gelled water and 26,000 lbs. sand

-Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED Larry W. Farney TITLE Vice President DATE 2/20/84

(This space for Federal or State office use)

APPROVED BY L. Mark Holl TITLE \_\_\_\_\_ DATE 8-3-84  
CONDITIONS OF APPROVAL, IF ANY:

RECEIVED  
SEP 4 1984  
O.C.D.  
HOBBS OFFICE

RECEIVED

SEP 4 1984

O.C.D.  
HOBBS OFFICE