

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 Injection Well
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: 330' FSL & 660' FEL
AT TOP PROD. INTERVAL: SAME
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) <u>Construct Water Injection Line</u> | |

5. LEASE NM - 080258	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME --	
7. UNIT AGREEMENT NAME --	
8. FARM OR LEASE NAME Federal "C"	
9. WELL NO. 1	
10. FIELD OR WILDCAT NAME Maljamar GR-SA	
11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA Sec 15, T-47S, R-32E	
12. COUNTY OR PARISH	13. STATE
Lea	NM
14. API NO.	
15. ELEVATIONS (SHOW DF, KDB, AND WD) 4033 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.)*

Propose to consturct water injection line from well to lease line.
Map and archeological survey are attached
Proposed work to commence in Mid-October

Subsurface Safety Valve: Manu. and Type Sat @ Ft.

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

SIGNED Larry W. Forney TITLE Vice-President DATE September 12, 1984

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE [Blank] DATE 10/26/84
CONDITIONS OF APPROVAL, IF ANY: