

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP
(Other Instructions
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

3. LEASE DESIGNATION AND SERIAL NO.

NM-080258

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Lynx "C" Federal

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Maljamar Grbg SA

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 15-T17S-R32E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

4033' DF

12. COUNTY OR PARISH

LEA

13. STATE

N.M.

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

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SUBSEQUENT REPORT OF:

WATER SHUT-OFF

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FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Return to production

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting for 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.)*

7/15/88

RU, RIH w/ 3/4" bit & 4 collars, clean well out to 3810',
sqd perfs 3187-3208 w/100 sx cmt, drld out to 3810',
tstd csg to 1000#--held okay, tagged & drld out 1st plug,
starting drlg out next plug @ 12:30, cleaned out to 4140'.
Welex perfed csg @ 3678-3801', acd perfs 4064-4108' w/1000
gals 15% ac, acd perfs 3906-3946' w/1500 gals 15% ac,
acd perfs 3678-3801' w/1500 gals 15% NE ac, swab tst
250' every 15 min, 20% oil. Frac perfs 3678-3801 w/20,000
gals gel, flow back frac, hook to tank battery--cutting
20% oil. Released pkr, circ oil, POH w/pkr, RIH, circ
sand, pulled RBP, RIH w/ 2 3/8" tbg & landed @ 4107'.
Ran rods & put on pump.

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

SIGNED

Rhonda Nelson

TITLE

Production Clerk

DATE 7/20/88

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side