

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

U.S. CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	

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 "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- 2. Name of Operator Lynx Petroleum Consultants, Inc. 3. Address of Operator P. O. Box 1666, Hobbs, NM 88240 4. Location of Well UNIT LETTER <u>M</u> <u>660</u> FEET FROM THE <u>South</u> LINE AND <u>660</u> FEET FROM THE <u>West</u> LINE, SECTION <u>8</u> TOWNSHIP <u>17S</u> RANGE <u>33E</u> NMPM. 15. Elevation (Show whether DF, RT, GR, etc.) 4209' GR	7. Unit Agreement Name 8. Farm or Lease Name Aztec State 9. Well No. 2 10. Field and Pool, or Wildcat Maljamar (Grybrg-SA) 12. County Lea
---	---

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

1. Ran bit & scraper to PBTD of 4400'.
2. Spotted scale converter.
3. Acidized existing perms w/3000 gals 15% HCl.
4. Put on pump.
5. Test 10/1/85: Ppd 8 BOPD + 32 BWPD.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Larry W. Fonay TITLE Vice-President DATE 10/1/85

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

OCT 4 - 1985