

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-103  
Revised 10-1-78

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" 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 CLEAN OR PLUG BACK TO A DIFFERENT RESERVOIR.  
USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL <input checked="" type="checkbox"/> WELL GAS <input type="checkbox"/> WELL OTHER- <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Lynx Petroleum	8. Farm or Lease Name McClure "C"
3. Address of Operator P.O. Box 1666, Hobbs, NM 88240	9. Well No. 1
4. Location of Well UNIT LETTER A 990 FEET FROM THE East LINE AND 330 FEET FROM THE North 14 LINE, SECTION 14 TOWNSHIP 15S RANGE 37E NMPM.	10. Field and Pool, or Wildcat Denton Wolfcamp
15. Elevation (Show whether DF, RT, GR, etc.) 3803	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 JOB <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. Drill out cement to 9210'
2. Perforate 9173-81 9156-60 9147-54
3. Acidize existing & new perms w/4500 gals x-link acid
4. Put on pump

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

SIGNED Lynx W. Forney TITLE Vice-President DATE 7/16/85

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: