Submit 3 Copies To Appropriate District Office		State of New Mexico			Form C-103 Revised March 25, 1999	
District 1 1625 N. French Dr., Hobbs, NM 88240				WELL API NO. 30-025-25078		
District II 1301 W. Grand Ave., Artesia, NM 8821	OIL CONSERVATION DIVISION			5. Indicate Type of L	A2CA	
District III	1220 Sout	1220 South St. Francis Dr.			FEE 🛛	
1000 Rio Brazos Rd., Aztec, NM 87410	Santa F	Santa Fe, NM 87505		STATE 6. State Oil & Gas		
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505	Suria					
SUNDRY NO	TICES AND REPORTS O	N WELLS		7. Lease Name or U	Jnit Agreement	
(DO NOT USE THIS FORM FOR PRODIFFERENT RESERVOIR. USE "APP PROPOSALS.)  1. Type of Well:	POSALS TO DRILL OR TO DEE PLICATION FOR PERMIT" (FOR	PEN OR PLU M C-101) FO	G BACK 10 A R SUCH	Name: Shipp 34 A		
Oil Well Gas Well	Other					
2. Name of Operator				8. Well No.		
Lynx Energy Company, Inc.				2		
3. Address of Operator 2121 San Jacinto, Ste 860, LB 52, Dallas, TX 7520				Pool name or Wildcat     Knowles Drinkard West		
4. Well Location						
Unit LetterF	:2086feet from the	henorth	line and	2086 feet from	thewestlin	
Section 34	Township	16 <b>S</b> Ra		NMPM Lea	County	
	10. Elevation (Show) GR 3774.6	whether DI	ζ, RKB, RT, GR, e	tc.)		
11 Chec	k Appropriate Box to I	ndicate N	ature of Notice	Report or Other Da	ata	
NOTICE OF	INTENTION TO:	1.0.100.10	SUI	SEQUENT REPO	ORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDO	N 🗆	REMEDIAL WO		LTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS			ILLING OPNS. PLUG AND ABANDONMENT		
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST	AND L		
OTHER:			OTHER:	Plug back		
12. Describe proposed or comp starting any proposed work)	leted operations. (Clearly st., SEE RULE 1103. For M	tate all pert ultiple Com	inent details, and go pletions: Attach	give pertinent dates, inclu- wellbore diagram of prop	iding estimated date posed completion or	
recompilation. 12/17/01- 12/21/01 Set	: CIBP @ 10,760 w/ 20' cen	nent on top	Perforated 7834	8239' Acidized w/ 4	500 gals 15% acid.	
RIH w/ tubing	to 8148'. Hung well on.	r	71	134-8077 per op		
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					200	
I hereby certify that the informat	ide above is true and comple	ete to the h	est of my knowled	ge and belief.		
	1 )				01/25/02	
SIGNATURE XC	Home	_TITLE_	Engine	pering Tech DATE		
Type or print name Da	ana Pearce			Telephone	No. 214/969/5555	
(This space for State use)						
APPPROVED BY	Ö	PHINEL S	GIĞNED BY		DATE OF A 10 100	
Conditions of approval, if any:	G.	ARY W.T	ANK	** *******	25 () 6 100	
	()	C FIELD R	EPRESENTATIVE	HISTAFE MANAGER		
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