

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

**OIL CONSERVATION DIVISION**  
310 Old Santa Fe Trail, Room 206  
Santa Fe, New Mexico 87503

WELL API NO.

30-025-27790

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

V-304

7. Lease Name or Unit Agreement Name

Dean State

8. Well No.

1

9. Pool name or Wildcat

Dean Atoka

**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. Type of Well:

OIL  
WELL ☒

GAS  
WELL ☐

OTHER

2. Name of Operator

Lynx Petroleum Consultants, Inc.

3. Address of Operator

P.O. Box 1708, Hobbs, NM 88241

4. Well Location

Unit Letter C : 660 Feet From The North Line and 1980 Feet From The West Line

Section 35

Township 15S

Range 36E

NMPM

Lea

County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3859' GR

11.

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

**NOTICE OF INTENTION TO:**

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☒

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

12. 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. Set a C.I.B.P. @ 11650' with 35' cement on top.
2. Circulate hole with mud.
3. Spot 10 sxs cement 9225-9325'.
4. Spot 10 sxs cement 7000-7100'.
5. Spot 10 sxs cement 4850-4950'. Tag plug.
6. Perforate 5 1/2" @ 2110'. Set cement retainer @ 2000'. Squeeze 35 sxs cement.
7. Spot 10 sxs cement surface plug.
8. Install dryhole marker. Clean location.

THE COMMISSION MUST BE NOTIFIED 24  
HOURS PRIOR TO THE BEGINNING OF  
PLUGGING OPERATIONS AND THE CLOSING  
TO BE APPROVED.

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

SIGNATURE

*Marc Wise*

TITLE

President

DATE

5/11/98

TYPE OR PRINT NAME

Marc Wise

TELEPHONE NO.

505-392-6950

(This space for State Use)

ORIGINAL SIGNED BY

*Marc Wise*

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

MAY 15 1998

DP