

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1562, Hobbs, NM 88240

DISTRICT II
P.O. Box 11, Aztec, NM 87410

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 1979, Hobbs, NM 88241	4. Well Location Unit Letter <u>C</u> : <u>660</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u> Line Section <u>35</u> Township <u>15S</u> Range <u>36E</u> NMPM <u>Lea</u> County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) <u>3859' GR</u>	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
Squeeze-Cement Strawn and OTHER <u>Return to Atoka</u> ☒	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. Squeeze-cement Strawn perforations, 11492-510'.
2. Test squeezed perforations.
3. Pull R.B.P. at 11650'.
4. Return well to production in the Dean Atoka, 11773-85' and 11708-22'.

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 12/19/96

TYPE OF PRINT NAME Marc Wise

TELEPHONE NO. 505-392-6950

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

