

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. 1980  
P.O. Box 1980  
Hobbs, NM 88241

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well  
☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

Lynx Petroleum Consultants, Inc.

3. Address and Telephone No.

P.O. Box 1708, Hobbs, NM 88241 505-392-6950

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1980' FNL & 660' FWL

Sec. 15, T-17S, R-32E

5. Lease Designation and Serial No.

LC 054687

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Lynx Federal #2

9. API Well No.

30-025-27857

10. Field and Pool, or Exploratory Area

Maljamar Queen

11. County or Parish, State

Lea, NM

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☐ Notice of Intent  
☒ Subsequent Report  
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment  
☒ Recompletion  
☐ Plugging Back  
☐ Casing Repair  
☐ Altering Casing  
☐ Other
- ☐ Change of Plans  
☐ New Construction  
☐ Non-Routine Fracturing  
☐ Water Shut-Off  
☐ Conversion to Injection  
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

4/1/98

Recompleted from the Maljamar GB-SA (oil) pool to the Maljamar Queen (gas) pool.

1. Set a C.I.B.P. at 3869'.
2. Perforated the Queen 3195-3206'.
3. Fracture stimulated.

4. Test: Prior to Work: .25 BO, 3 BW & 0 MCF  
After Work: 0 BO, 10 BW & 81 MCF

(ORIG. SGD.) DAVID R. GLASS

APR 20 1998

14. I hereby certify that the foregoing is true and correct

Signed

*Marion*

Title

President

Date

4/13/98

(This space for Federal or State office use)

Approved by

Conditions of approval, if any:

Title

Date