

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil ☒ gas ☐
well well other

2. NAME OF OPERATOR

Lynx Petroleum Consultants, Inc.

3. ADDRESS OF OPERATOR

P.O. Box 1666 - Hobbs, NM 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 710' FSL & 2310' FEL

AT TOP PROD. INTERVAL: same

AT TOTAL DEPTH: same

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

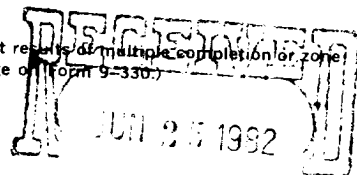
CHANGE ZONES ☐

ABANDON* ☐

(other) Surface casing

☐
☐
☐
☐
☐
☐
☐
☐
☒

(NOTE: Report results of multiple completion or zone change on Form 9-330.)



17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, 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.)*

Spud well @ 4:30 p.m. 6/22/82.

Ran 20 jts. of 8-5/8", 24#, K-55, ST&C to 840'.
Cement surface casing with 280 sx. Class "C" + 6% gel + 1% CaCl₂ +
1/4#/sx. Cello-seal followed by 200 sx. Class "C" + 1% CaCl₂ +
1/4#/sx. Cello-seal. Circulated 150 sx. to surface.
Tested casing to 600 psi.

Subsurface Safety Valve: Manu. and Type _____

Set @ _____ Ft.

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

SIGNED Max White TITLE President DATE June 24, 1982

(This space for Federal or State office use)

APPROVED BY _____

CONDITIONS OF APPROVAL, IF ANY: _____

TITLE _____

DATE _____

*See Instructions on Reverse Side

ACCEPTED FOR RECORD

JUN 30 1982
U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO