N. M. OIL CONS. COMMISSION P. O. BOX 1980

Form 9-331

HOBBS, NEW MEXICO 89240 Form Approved.

Dec. 1973	Budget Bureau No. 42-R1424
UNITED STATES	5. LEASE
DEPARTMENT OF THE INTERIOR	LC-054687
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to deepen or plug back to a different eservoir. Use Form 9–331–C for such proposals.)	7. UNIT AGREEMENT NAME
	8. FARM OR LEASE NAME
1. oil gas uell other	LYNX FEDERAL 9. WELL NO.
2. NAME OF OPERATOR	3
Lynx Petroleum Consultants, Inc. 3. ADDRESS OF OPERATOR	10. FIELD OR WILDCAT NAME
P.O. Box 1666- Hobbs, NM 88240	Maljamar Grayburg-San An
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
AT SURFACE: 330 FSL & 1650 FWL	Sec. 15, T=17S, R=32E 12. COUNTY OR PARISH 13. STATE
at top prod. interval: Same at total depth: Same	Lea NM
Dame	14. API NO.
CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	
	15. ELEVATIONS (SHOW DF, KDB, AND WD)
EQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	4013' GL
EST WATER SHUT-OFF RACTURE TREAT REST	30 € 73
HOOT OR ACIDIZE	5 R
EPAIR WELL	(NOTE: Papert results of multi-
ULL OR ALTER CASING	(NOTE: Report results of multiple completion or some change on Form 9-330.)
HANGE ZONES	(B) 2 B
BANDON*	
other) Perf. and Frac addtional zone.	
7. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is d measured and true vertical depths for all markers and zones pertinent. Propose to porforate and free Completes and completes and completes are completed.	irectionally drilled, give subsurface locations and it to this work.)*
Propose to perforate and frac G	rayourg zone.
Perforate: 3748'-56' 1/SPF	
3816'-26' 1/SPF	
3838 '- 46' 1/SPF	
3862'-74' 1/SPF	
3880'-86' 1/SPF	
Sand Frag as magazane	t e
Sand Frac as necessary.	
Work to be done 8/16/83.	
ubsurface Safety Valve: Manu. and Type	Set @ Ft.
3. I hereby certify that the foregoing is true and correct	
	ent 8/4/83
GNED Wes Auld THILE Vice-Preside	DATE 0/4/0)
(This space for Federal or State office Periods of Box of	
ONDITIONS OF APPROVAL, IF ANY:	DATE
SEP 2 3 1983	