

N. M. OIL & GAS COMMISSION
P. O. BOX 1880
HOBBS, NEW MEXICO 88240

Form 9-331
Dec. 1973

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Form Approved.
Budget Bureau No. 42-R1424

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 ☒ well gas ☐ 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: 330' FSL & 1650' FWL
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 <input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE <input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES <input type="checkbox"/>	<input type="checkbox"/>
ABANDON* <input type="checkbox"/>	<input type="checkbox"/>
(other) <u>Surface casing</u>	<u>X</u>

5. LEASE
LC 054687
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
LYNX FEDERAL
9. WELL NO.
3
10. FIELD OR WILDCAT NAME
Maljamar Grayburg-San And.
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 15, T-17S, R-32E
12. COUNTY OR PARISH
Lea
13. STATE
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
4013 GL

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

17. 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.)*

Spud well @ 11:00 p.m. 1/14/83.

Ran 19 jts. 8 5/8", 24#, K-55, ST&C to 814'.

Cement surface casing with 280 sx. Howco Lite + 1#/sx Flocele + 2% CaCl₂ followed by 200 sx. Class "C" + 1#/sx Flocele + 2% CaCl₂. Circulated 200 sx. cement to surface. Plug down at 6:45 p.m. 1/16/83.

Tested Surface Casing to 600 psi.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED David R. Glass TITLE President DATE _____

APPROVED BY
CONDITIONS

ACCEPTED FOR RECORD (This space for Federal or State office use)

(ORIG. SGD.) DAVID R. GLASS

JAN 24 1983

MINERALS MANAGEMENT SERVICE
ROSWEIL, NEW MEXICO

*See Instructions on Reverse Side

RECEIVED

JAN 21 1983

OIL & GAS
MINERALS MANAGEMENT SERVICE

RECEIVED

JAN 25 1983

HOBBS OFFICE