Form Approved. Budget Bureau No. 42-R1424

UNITED STATES

LC 054687

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

DEPARTMENT	OF	THE	INTERIOR PE		
GEOLOGICAL SURVEY					

SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME
(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.)	8. FARM OR LEASE NAME
1. oil gas	Lynx Federal
well well other	9. WELL NO.
2. NAME OF OPERATOR Lynx Petroleum Consultants, Inc.	#4
3. ADDRESS OF OPERATOR	10. FIELD OR WILDCAT NAME Maljamar Grayburg-S.A.
P.O. Box 1666 - Hobbs, NM 88240	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA
below.) AT SURFACE: 1650' FSL & FWL	Sec. 15, T-17S, R-32E
AT TOP PROD. INTERVAL: Same	12. COUNTY OR PARISH 13. STATE
AT TOTAL DEPTH: Same	NM
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	14. AFI NO.
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
DECUTET FOR APPROVAL TO	4031' GR
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	940
FRACTURE TREAT	\sim
SHOOT OR ACIDIZE	중문 원
REPAIR WELL	(NOTE: Report results of multiple completion or zone.
MULTIPLE COMPLETE	change on Form 9-330.)
CHANGE ZONES	
ABANDON*	- 2
other) Production Casing X	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is dimeasured and true vertical depths for all markers and zones pertinen	
Drilled 7-7/8" hole to T.D. (4200').	
Ran 106 jts. of 5½", 15.5# & 17#, K-5	5 LT&C coging to 44071
OCHICICOL WICH TOOU SXS HOWOU TITE + T	5# 991+/9V ± 5#/6V
Find the first section $f(x) = f(x) + f(x) $	$\frac{11011}{1100} \pm 200 \text{ mol} + \frac{14}{1000}$
- FIOCETE + 2#/SX KCL + .3% CFR-2 + .2%	Halad-A Coment did not
circulate. Flug down @ 4:30 am 9/12/8	33.
Ran temperature survey. Cement top @ WOCU.	760'.
Subsurface Safety Valve: Manu. and Type	
18. I hereby certify that the foregoing is true and correct	
GIGNED TITLE President	DATE 9/19/83
(This space for Federal or State offic	ce use)
ONDITIONS OF APPROVAL, IF ANY:	DATE

ACCEPTED FOR RECORD