

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons.
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

5. Lease Designation and Serial No.
LC 054687

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE

7. If Unit or CA, Agreement Designation

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)

2310' FNL & 1780' FWL

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

8. Well Name and No.

Lynx Federal #5

9. API Well No.

30-025-28679

10. Field and Pool, or Exploratory Area

Maljamar GB-SA

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: Add Perfs & Frac

- ☐ 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.)

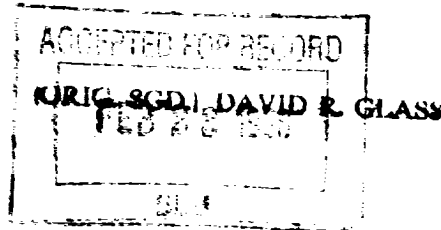
13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to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

1/28/98:

Perforated Grayburg, 3779-81', 3792-96', 3801-09', 3832-37', 1 JSPF. Acidized with 1500 gals. 15% HCl-NE-FE with 40 ball sealers. Fracd perfs with 12,000 gals. spectra frac fluid with 37,000# sand, 16/30 brady, last 9000# resin, coat-treat @ 22 BPM.

Test Prior to Work: 1 BO, 0 BW & 0 MCF

Test After Work: 7 BO, 7 BW & 7 MCF



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

Signed [Signature] Title President Date 2/17/98

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
Conditions of approval, if any: