

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on
reverse side)

Form approved.
Budget Bureau No. 1004-C-1
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.
LC 054687

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Lynx Federal

9. WELL NO.
#6

10. FIELD AND POOL OR WILDCAT
Maljamar Gray -SA

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

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

12. COUNTY OR PARISH 13. STATE
Lea NM

1 SUNDRY NOTICES AND REPORTS ON WELLS
(Do not use this form for proposals to drill or to deepen or plug back to a ~~desired~~ reservoir.
Use "APPLICATION FOR PERMIT" 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 and in accordance with any State requirements.
See also space 17 below.)
At surface
990' FNL & 330' FWL

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
4083.2

16 Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

Surface Casing

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

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 @ 3:15 p.m. 7/6/85

Ran 20 jts 8 5/8", 24#, K-55, ST&C, casing to 850'

Cemented with 180 sxs Pacesetter lite + 1/4#/sx Celloseal
Followed by 200 sxs Class C + 2% CaCl + 1/4#/sx Celloseal
Circulated 88 sxs to Surface. Plug down @ 10:00 a.m. on 7/7/85

Tested surface casing to 500 psi

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

SIGNED

(This space for Federal or State office use)

TITLE

Vice-President

DATE

7/16/85

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

JUL 18 1985

*See Instructions on Reverse Side