Summit 3 Copies to Appropriate District Office DISTRICT I	State of New y, Minerals and Natural	Resources Departme		Form C-103 Revised 1-1-89
P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION 310 Old Santa Fe Trail, Room 206		WELL API NO.	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Me	ail, Room 206	<u>30-025-29324</u>	
DISTRICT III			5. Indicate Type of Lease	
1000 Rio Brazos Rd., Aztec, NM 87410				TATE X FEE
			6. State Oil & Gas Lease]	No.
SUNDRY NOTICES AND REPORTS ON WELLS			E-1075	1111111111
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			7. Lease Name or Unit Ag	reement Name
1. Type of Well:	ICT) FOR SUCH PROPOSALS.)			-
WELL X WELL	OTHER			
2. Name of Operator			Arco State	
Lynx Petroleum Con 3. Address of Operator	sultants, Inc.		8. Well No. 1-Y	
contraction of operator			9. Pool name or Wildcat	
P.O. Box 1708, Hob 4. Well Location	DS, NM 88241		Dean Permo Pe	enn
Unit Letter <u>E</u> : 2310	- Fee From The North	0.2.0		
Section 35	T 159	Line and 930	Feet From The	West Line
	10. Elevation (Show whethe	TDF. RKB. RT. GR. MA	MPM Le	ea County
	//// 3861.5' GR +	19.5' KB		
11. Check Ap	propriate Box to Indicate	Nature of Notice Ren	Dort or Other Date	
NOTICE OF INTE	NTION TO:	SUBS	EQUENT REPOR	T 0-
			LOUENT REPUR	I OF:
		REMEDIAL WORK	ALTERINO	GCASING
COMMENCE DRILLING OPNIS				
 Describe Proposed or Completed Operation work) SEE RULE 1103. 	s (Clearly state all pertinent details, a	nd give pertinent dates includi		
IF PROPOSED WOLFCAMP H PLUG AND ABANDON AS FO	RECOMPLETION IS UN	ISUCCESSFUL, RE	EQUEST PERMISS	iny proposed
 Set a C.I.B.P. @ 1 Circulate hole wit Spot 10 sxs cement Perforate 5 1/2" c 5 1/2" and 8 5/8" Install dryhole ma 	0375'. Spot 35' h mud. 8337-8437' 6874-6974'. 4792-4892'. 2002-2102'. Tag sg. @ 270'. Circ	cement on top THE CON SSX OR / 1006 plug. TO BE A ulate 70 sxs t	of C.I.B.P.	NOTTIC 27 ALASE OF THE COUS
I hereby certify that the information above is true and con	plete to the best of my knowledge and ball	e		
SIGNATURE Marcili	•	President		5/1/98
TYPE OR PRINT NAME			LEPHONE NO.	
(This space for State Use)				
			MAY	15 1998
CONDITIONS OF APPROVAL, IF ANY:	. 11		DATE	<u> </u>
FC-				da



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