UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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 062903

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE

7. If Unit or CA, Agreement Designation

1. Type of Well
[X] Oil Well   [ ] Gas Well   [ ] Other

8. Well Name and No.
Hightower Federal #1

2. Name of Operator
Lynx Petroleum Consultants, Inc.

9. API Well No.
30-025-00883

3. Address and Telephone No.
P. O. Box 1979, Hobbs, NM 88241   505-392-6950

10. Field and Pool, or Exploratory Area
Watkins (Y-SR-Q-G)

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Unit Letter N, 660' FSL & 1980' FWL

11. County or Parish, State
Lea, NM

Section 31, T-18S, R-32E

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12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION	
[ ] Notice of Intent	[ ] Abandonment	[ ] Change of Plans
[ ] Subsequent Report	[ ] Recompletion	[ ] New Construction
	[ ] Plugging Back	[ ] Non-Routine Fracturing
[ ] Final Abandonment Notice	[ ] Casing Repair	[ ] Water Shut-Off
	[ ] Altering Casing	[ ] Conversion to Injection
	[X] Other	Correct API Number

(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.)*

The Oil Conservation Division has advised us that the API No. being used for the above well is incorrect.

Please correct your records to reflect the correct number which is:

30-025-00883

ACCEPTED FOR RECORD

JUN 1 1993

CARLSBAD, NEW MEXICO

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

Signed _____   Title **President**   Date **2/18/93**

(This space for Federal or State office use)

Approved by _____   Title _____   Date _____

Conditions of approval, if any: