Submit 3 Copies To Appropriate District Office <u>District I</u> 1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> 811 South First, Artesia, NM 88210 <u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> 2040 South Pacheco, Santa Fe, NM 87505	Energy, Minerals and Natural Resources OIL CONSERVATION DIVISION 2040 South Pacheco Santa Fe, NM 87505			Form C-103 Revised March 25, 1999 WELL API NO. 30-025-30920 5. Indicate Type of Lease STATE X FEE 6. State Oil & Gas Lease No. E-6002		
SUNDRY NOT (DO NOT USE THIS FORM FOR PROPO DIFFERENT RESERVOIR. USE "APPLI PROPOSALS.) 1. Type of Well: Oil Well XX Gas Well	7. Lease Name or Unit Agreement Name: B. Lee State					
2. Name of Operator Lynx Petroleum 3. Address of Operator	8. Well No. #1 9. Pool name or Wildcat Vacuum Abo Reef					
P.O. Box 1708 4. Well Location		bo Reel				
Unit Letter F : 1650 feet from the North line and 2236 feet from the West line Section 7 Township 18S Range 35E NMPM County Lea 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3966' GR 3966' GR Indicate Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING						
] CHANGE PLANS		COMMENCE DR	RILLING OPNS.	PLUG AND ABANDONMENT	
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST A	ND		
OTHER:			OTHER: Te	emporary Aba	ndon 🕅	
 Describe proposed or complete of starting any proposed work or recompilation. Removed product Set a C.I.B.P. Circulated hole Successfully per 	c). SEE RULE 1103. Fo ion equipment. at 8150'. full with tre	or Multiple (resh water	give pertinent dates, ch wellbore diagram packer flui	including estimated date of proposed completion	

	т <u>+</u> А}	nis Approval of Tembor bundon the RESpires	ary 1/12/2006	
I hereby certify that the information above is true and comple		est of my knowledge and belief President	DATE 1/10	01
SIGNATURE	_IIILE			
Type or print name Marc Wise			Telephone No. 505-39	<u>2-6</u> 950
(This space for State use)				e
APPPROVED BY Conditions of approval, if any:	TITLE		DATE	

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