

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

**OIL CONSERVATION DIVISION**  
310 Old Santa Fe Trail, Room 206  
Santa Fe, New Mexico 87503

WELL API NO.  
30-025-30960

5. Indicate Type of Lease  
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.  
E-6002

7. Lease Name or Unit Agreement Name

B. Lee State

8. Well No.  
#5

9. Pool name or Wildcat  
Vacuum (GB-SA)

**SUNDRY NOTICES AND REPORTS ON WELLS**  
(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.)

1. Type of Well:  
OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. Name of Operator  
Lynx Petroleum Consultants, Inc.

3. Address of Operator  
P.O. Box 1708, Hobbs, NM 88241

4. Well Location  
Unit Letter M : 994 Feet From The South Line and 330 Feet From The West Line  
Section 7 Township 18S Range 35E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
3967' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

**NOTICE OF INTENTION TO:**

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☒ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐  
OTHER: ☐

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: ☐

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

1. Set a C.I.B.P. at 4900'.
2. Circulate the hole with Packer Fluid.
3. Pressure test the casing to 500 psig for 30 Minutes.
4. Review well for possible recompletion.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Marc Wise TITLE President DATE 6/13/00

TYPE OR PRINT NAME Marc Wise TELEPHONE NO. 505-392-6950

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

PROPOSED TEMPORARY ABANDONMENT

6/13/00

Elev. 3967' GR +13' KB

