

N. M. OIL CONS. COMMISSION  
UNITED STATES P. O. BOX 1980  
DEPARTMENT OF THE INTERIOR HOBBS, NEW MEXICO 88240  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

**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

**SUBMIT IN TRIPLICATE**

<p>1. Type of Well <input checked="" type="checkbox"/> Oil Well    <input type="checkbox"/> Gas Well    <input type="checkbox"/> Other</p> <p>2. Name of Operator <b>Lynx Petroleum Consultants, Inc.</b></p> <p>3. Address and Telephone No. <b>P.O. Box 1979, Hobbs, NM 88241 505-392-6950</b></p> <p>4. Location of Well (Footage, Sec., T., R., M., or Survey Description) <b>1980' FNL &amp; 660' FWL Sec. 5, T-19S, R-32E</b></p>	<p>5. Lease Designation and Serial No. <b>NMNM-0319697</b></p> <p>6. If Indian, Allottee or Tribe Name</p> <p>7. If Unit or CA, Agreement Designation</p> <p>8. Well Name and No. <b>S.B. Federal No. 1</b></p> <p>9. API Well No. <b>30-025-20915</b></p> <p>10. Field and Pool, or Exploratory Area <b>Lusk Strawn</b></p> <p>11. County or Parish, State <b>Lea County, NM</b></p>
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12. **CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input checked="" type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

(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.)\*

**REQUEST FOR 90-DAY EXTENSION FOR PROPOSED RECOMPLETION:**

As per phone conversation with Mr. Balderaz, Lynx requests a 90-day extension to cause the subject well to be recompleted to a commercially productive zone. If the recompletion is not commenced within 90 days, Lynx will submit for your approval, notice of intent to plug and abandon captioned well.

ACCEPTED  
FOR RECORD

JUN 11 1996

MR. BALDERAZ

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

Signed Mac Wi Title President

(This space for Federal or State office use)

Approved by \_\_\_\_\_ Title \_\_\_\_\_  
Conditions of approval, if any: \_\_\_\_\_

BUREAU OF LAND MANAGEMENT  
HOBBS, NM  
JUN 11 1996  
6/10/96  
RECEIVED