

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil & Gas Division
P.O. Box 1980
Hobbs, NM 88241

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

1. Type of Well
☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

Lynx Petroleum Consultants, Inc.

3. Address and Telephone No.

P.O. Box 1708, Hobbs, NM 88241 505-392-6950

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1980' FSL & 990' FWL
Section 27, T-18S, R-33E (L)

5. Lease Designation and Serial No.

NMNM96782

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Federal M #1

9. API Well No.

30-025-21893

10. Field and Pool, or Exploratory Area

South Corbin Wolfcamp

11. County or Parish, State

Lea County, NM

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

TYPE OF SUBMISSION

☒ Notice of Intent

☐ Subsequent Report

☐ Final Abandonment Notice

TYPE OF ACTION

☐ Abandonment

☒ Recompletion

☐ Plugging Back

☐ Casing Repair

☐ Altering Casing

☐ Other

☐ Change of Plans

☐ New Construction

☐ Non-Routine Fracturing

☐ Water Shut-Off

☐ Conversion to Injection

☐ 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.)

1. Perforate Wolfcamp 10,754'-58'. Acidize perfs w/1000 gals. 15% HCl.
2. Swab test Wolfcamp. If productive put well on production. If not productive, rcomplete to the Bone Springs as follows:
3. Set a CIBP @ 10,625' w/35' of cement on top.
4. Perforate the Lower Bone Springs 9,625'-40' and 9,680'-730'.
5. Acidize and frac the Lower Bone Springs.
6. Perforate the Upper Bone Springs 9,355'-70' and 9,390'-415'.
7. Acidize and frac the Upper Bone Springs.
8. Put well on production.

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

Signed

Marc W.

Title

President

Date

6/21/99

(This space for Federal or State office use)

(ORIG. SGD.) ALEXIS C. SNOBODA

Title

PETROLEUM ENGINEER

Date

JUN 23 1999

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See Instruction on Reverse Side

District I
PO Box 1900, Hobbs, NM 88241-1900
District II
PO Drawer DD, Artesia, NM 88211-0719
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

Form C-102
Revised February 10, 1994
Instructions on back
Submit to Appropriate District Office
State Lease - 4 Copies
Fee Lease - 3 Copies

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

* API Number 30-025-21893		* Pool Code 13160	* Pool Name CORBIN; BONE SPRING, SOUTH
* Property Code 24677	* Property Name FEDERAL M		* Well Number 1
* OGRID No. 013645	* Operator Name LYNX PETROLEUM CONSULTANTS, INC.		* Elevation 3790 G.L.

10 Surface Location

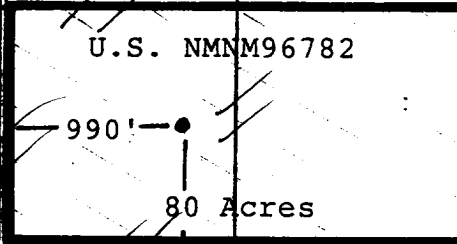
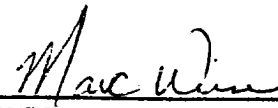
UL or lot no.	Section	Township	Range	Lot Ida	Feet from the	North/South line	Feet from the	East/West line	County
L	27	18S	33E		1980	South	990	West	Lea

11 Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Ida	Feet from the	North/South line	Feet from the	East/West line	County

12 Dedication Acres 80.40	13 Joint or Infill N	14 Consolidation Code	15 Order No.
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NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED
OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

16 	17 OPERATOR CERTIFICATION I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.  Signature Marc Wise Printed Name President Title 7/9/99 Date		
	18 SURVEYOR CERTIFICATION I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief. Date of Survey Signature and Seal of Professional Surveyor: Certificate Number		