

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
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No. K-6881
7. Lease Name or Unit Agreement Name Superior State
8. Well No. 1
9. Pool name or Wildcat Vacuum Grayburg-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 1979, Hobbs, NM 88241	
4. Well Location Unit Letter <u>E</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u> Line Section <u>16</u> Township <u>17S</u> Range <u>34E</u> NMPM Lea County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4080' GR	

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☒
PULL OR ALTER CASING ☐		CASING TEST AND CEMENT JOB ☐	
OTHER: ☐		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.

9/1/92 1. Set CIBP @ 4700'. Spotted 5 sxs cement on CIBP.

2. Circulated hole with mud.

3. Spotted 10 sx cement plug 2840-2940'.

4. Spotted 10 sx cement plug 1520-1670'.

5. Spotted 10 sx cement plug surface-150'.

6. Cut off wellhead, and installed dry hole marker.

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 10/12/92
TYPE OR PRINT NAME Marc Wise TELEPHONE NO 392-6950

(This space for State Use)

APPROVED BY Lyle F. Turracliff TITLE _____ DATE _____
CONDITIONS OF APPROVAL IF ANY.

JUN 21 1994