

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP!
(Other instructions
verse side)

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Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM-0554858

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Government 9

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Scharb Bone Spring

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 9, T-19S, R-35E

12. COUNTY OR PARISH 13. STATE

Lea

NM

1. 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. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)

At surface

1980' FSL & 660' FEL

Unit I

14. PERMIT NO.

30-025-289

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3807' GL 3824' KB

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

Return to Production

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. 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.)*

Returned well to production January 1, 1991.

RECEIVED

MAR 6 11 04 AM '91

CAPL AREA

RECEIVED
FEB 27 1 28 PM '90
BUREAU OF LAND MGMT.
HOBBS, NM.

Ad

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

SIGNED

Mark W. ...

TITLE President

DATE 2/26/91

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side