

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP  
(Other instructions  
verse side)

FE\*  
re-

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

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—" for such proposals.)

1. OIL ☒ WELL GAS ☐ WELL OTHER ☐

2. NAME OF OPERATOR

Lynx Petroleum Consultants, Inc.

3. ADDRESS OF OPERATOR

P. O. Box 1666, 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

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

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT\*

(Other) Shut In Well

(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.)

Shut in well temporarily - will evaluate during the next six months for possible return to production.

APPROVED FOR 12 MONTH PERIOD

ENDING 2/1/91

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

SIGNED

*M. Wise*

TITLE President

DATE 02/02/90

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE 2/15/90

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side