

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
811 South First, Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

Form C-103
Revised March 25, 1999

LL API NO.

30-025-28239

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
LG-6977

7. Lease Name or Unit Agreement Name:

Aztec Dos State

8. Well No.

#1

9. Pool name or Wildcat

Young Bone Spring, Nr.

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 1708 Hobbs, NM 88241

4. Well Location

Unit Letter L : 2080 feet from the South line and 660 feet from the West line

Section 2

Township 18S Range 32E NMPM

County Lea

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
3871.6' GR

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐ CHANGE PLANS ☐

PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Perforated Bone Spring 6668'-73', & 6724'-36' with 1 JSPF. Acidized new perfs with 4000 gals. 15% HCl acid. Swab tested new perfs. Recovered 100% water, no oil. Prepare to plug and abandon.

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 1/16/01

Type or print name Marc Wise

(This space for State use)

Telephone No. 392-6950

APPROVED BY _____ TITLE _____ DATE _____

Conditions of approval, if any: