

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  
310 Old Santa Fe Trail, Room 206  
Santa Fe, New Mexico 87503

WELL API NO.	30-025-28239
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	LG6977
7. Lease Name or Unit Agreement Name	
Aztec Dos State	
8. Well No.	#1
9. Pool name or Wildcat	N Young Bone Spring

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
2. Name of Operator Lynx Petroleum Consultants, Inc.	
3. Address of Operator P.O. Box 1708, Hobbs, NM 88241	
4. Well Location Unit Letter <u>L</u> : <u>2080</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u> Line Section <u>2</u> Township <u>18S</u> Range <u>32E</u> NMPM Lea County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3872' GR	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER: <input type="checkbox"/>
OTHER: <input type="checkbox"/>	

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.

1. Perforated Bone Spring interval 8464'-68' and 8494'-98' w/4 jspf.
2. Acidized with 2000 gals 15% HCl and 7500 gals gelled 20% HCl.
3. Perforated Bone Spring interval 8302'-14', 8318'-24', and 8330'-40' w/2 jspf.
4. Acidized with 2000 gals 15% HCl and Acid fraced 8307'-40' with 10000 gals. gelled 20% HCl.
5. Returned well to production 2/3/00.

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 2/7/00

TYPE OR PRINT NAME Marc Wise TELEPHONE NO. 505-392-6950

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: