

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

5. Lease Designation and Serial No.

NM-24166

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Sprinkle Federal #2

9. API Well No.

30-025-28520

10. Field and Pool, or Exploratory Area

Scharb - Bone Springs

11. County or Parish, State

Lea County, NM

SUBMIT IN TRIPLICATE

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

Lynx Petroleum Consultants, Inc.

3. Address and Telephone No

P.O. Box 1708, Hobbs, NM 88241 505-392-6950

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

660' FNL & 330' FEL

Sec. 9, T-19S, R35E

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other
☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

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

13. 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.)

APPROVAL TO EXTEND T.A. STATUS:

1. A C.I.B.P. is set at 9465'.
2. Hole is loaded with packer fluid.
3. A Mechanical Integrity Test was run successfully on 7/21/98.
4. This wellbore is a possible recompletion candidate in the Green or Bone Springs intervals. A study of the geology in the area will be done this year.
5. Request approval to continue to carry well in T.A. status.

TA Approved for 13 Month Period

Ending 7/21/2001

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

Signed Max W. Lamm

Title President

Date 6/13/00

(This space for Federal or State office use)

Approved by (Orig. 500) JOE G. LAMM

Title Assistant Secretary

Date 7/7/2000

Conditions of approval, if any:

RECEIVED
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE

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