

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. 30-025-2852100S1 |
| 5. Indicate Type of Lease Federal <input type="checkbox"/> STATE <input type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No. Federal NM-24166 |
| 7. Lease Name or Unit Agreement Name Sprinkle Federal |
| 8. Well No. 3 - SWD |
| 9. Pool name or Wildcat Scharb Wolfcamp |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3835' GR |

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 type="checkbox"/> GAS WELL <input type="checkbox"/> X OTHER SWD |
| 2. Name of Operator Lynx Petroleum Consultants, Inc. |
| 3. Address of Operator P.O. Box 1979, Hobbs, NM 88241 |
| 4. Well Location Unit Letter H : 1650 Feet From The North Line and 460 Feet From The East Line Section 9 Township 19S Range 35E NMPM Lea County |

| | |
|-------------------------------------------------------------------------------|----------------------------------------------------------------------|
| 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"/> | REMEDIAL WORK <input type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | COMMENCE DRILLING OPNS. <input type="checkbox"/> |
| OTHER: <input type="checkbox"/> | PLUG AND ABANDONMENT <input type="checkbox"/> |
| | CASING TEST AND CEMENT JOB <input type="checkbox"/> |
| | OTHER: Mechanical Integrity Test <input checked="" 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.

The mechanical integrity test was performed on the subject well on 1/10/96. The resulting test chart and wellbore schematic are attached.

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 1/11/96
TYPE OR PRINT NAME Marc Wise TELEPHONE NO. 505-392-6950

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE JAN 17 1996
CONDITIONS OF APPROVAL, IF ANY:

