Submit 3 Copies to Appropriate District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-103
Revised 1-1-89

WELL API NO.
300252852100S1

5. Indicate Type of Lease STATE ☐ FEE ☐
Federal

6. State Oil & Gas Lease No.
Federal NM-24166

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.)

7. Lease Name or Unit Agreement Name
Sprinkle Federal

1. Type of Well:
OIL WELL ☐ GAS WELL ☐ OTHER SWD

2. Name of Operator
Lynx Petroleum Consultants, Inc.

8. Well No.
3

3. Address of Operator
P. O. Box 1979, Hobbs, NM 88241

9. Pool name or Wildcat
Scharb Wolfcamp

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

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3835' GR

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐		CASING TEST AND CEMENT JOB ☐	
OTHER: ☐		OTHER: Convert to Disposal Sud 4-26 ☒	

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. Casing integrity test chart attached.

2. Well Data:

   a. Perforated 10,567-10,680' (Wolfcamp)
   b. Tubing - 2 7/8", 6.5#, N-80, Internally Plastic Coated
   c. Packer - Baker Model "R" set at 10,390'

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 8/14/91

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

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: