

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: September 30, 1990

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

SUBMIT IN TRIPLICATE

1. Type of Well <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <u>Salt Water Disposal</u>	5. Lease Designation and Serial No. <u>NM-24166</u>
2. Name of Operator <u>Lynx Petroleum Consultants, Inc.</u>	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. <u>P. O. Box 1979, Hobbs, NM 88241</u>	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) <u>Unit Letter H, 1650' FNL & 460' FEL</u> <u>Section 9, T-19S, R-35E</u>	8. Well Name and No. <u>Sprinkle Federal #3</u>
	9. API Well No. <u>30025285210061</u>
	10. Field and Pool, or Exploratory Area <u>Scharb Wolfcamp</u>
	11. County or Parish, State <u>Lea County, New Mexico</u>

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

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input type="checkbox"/> Other
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input checked="" type="checkbox"/> Conversion to Injection

(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.)*

Well has been converted to salt water disposal well. Disposal began 6/28/91.

RECEIVED
JUL 26 10 54 AM '91
BUREAU OF LAND MANAGEMENT

RECEIVED
JUL 24 10 48 AM '91
BUREAU OF LAND MANAGEMENT

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

Signed <u>[Signature]</u>	Title <u>Vice President</u>	Date <u>7/17/91</u>
(This space for Federal or State office use)		
Approved by <u>[Signature]</u>	Title _____	Date _____
Conditions of approval, if any:		

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See Instruction on Reverse Side