

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL. (Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM-24166

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Sprinkle Federal

9. WELL NO.

3

10. FIELD AND POOL, OR WILDCAT

Scharb Wolfcamp

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 9, T-19S, R-35E

12. COUNTY OR PARISH
Lea

13. STATE
NM

1. OIL WELL ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR

Lynx Petroleum Consultants, Inc.

3. ADDRESS OF OPERATOR

P.O. Box 1979, Hobbs, NM 88241

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface

1650' FNL & 460' FEL

H

14. PERMIT NO.

15. ELEVATIONS (Show whether DT, RT, OR, etc.)

3835' G.L.

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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

X

17. 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.)*

1. Install BOP.
2. Recovered all of the tubing.
3. Ran packer and set at 10440'.
4. Pressure tested casing to 500 psi for 30 min. (see attached chart).
5. Well shut in. Evaluating for possible water disposal well.

Request Permission to T.A.

APPROVED FOR 12 MONTH PERIOD

ENDING 3/31/92

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

SIGNED

W. Marc L. White

TITLE

President

DATE

3/29/91

(This space for Federal or State office use)

APPROVED BY

Adam S. Gamed

TITLE

Perth Engr

DATE

4-11-91

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side