

OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-103  
Revised 10-1-78

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DISTRIBUTION	
STATE FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease  
State ☒ Fee ☐  
5. State Oil & Gas Lease No.  
B-2388

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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-	7. Unit Agreement Name
2. Name of Operator Lynx Petroleum Consultants, Inc.	8. Farm or Lease Name State 20
3. Address of Operator P. O. Box 1666, Hobbs, NM 88241	9. Well No. 1
4. Location of Well UNIT LETTER <u>I</u> <u>1980</u> FEET FROM THE <u>South</u> LINE AND <u>660</u> FEET FROM <u>East</u> LINE, SECTION <u>20</u> TOWNSHIP <u>17S</u> RANGE <u>35E</u> NMPM.	10. Field and Pool, or Wildcat <u>vacuum 26 SA</u>
15. Elevation (Show whether DF, RT, GR, etc.) 3965' GR	12. County Lea

16. 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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <u>Test Lower Zones</u> <input checked="" type="checkbox"/>

17. 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.

12/02 thru 12/09/86 Perf 1 spf 4816-20, 4894-98, and 4900-06. Acidized w/3000 gals. 15% HCl. Swab 98 bbls. water w/tr oil.

Perf 1 spf 4688-96. Acidized w/1000 gals. 15% HCl. Swab 235 bbls. water w/tr oil.

Set cement ret. @ 4673. Squeeze perms w/100 sx Class "C" + 2% CaCl<sub>2</sub>.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Jerry W. Sexton TITLE Vice President DATE 1/15/87

ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

APPROVED BY: \_\_\_\_\_ TITLE \_\_\_\_\_ DATE JAN 19 1987

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED  
JAN 16 1987  
ACC  
HUMAN RIGHTS OFFICE