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. 30-025-03994

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No. LG-3605-1

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 [X] GAS WELL [ ] OTHER.

7. Lease Name or Unit Agreement Name: Humble "AO" State

2. Name of Operator: Lynx Petroleum Consultants, Inc.

8. Well No. 1

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

9. Pool name or Wildcat: Eumont Queen

4. Well Location
Unit Letter N : 660 Feet From The South Line and 1980 Feet From The West Line

Section 11 Township 19S Range 36E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3748' 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	[X]
PULL OR ALTER CASING	[ ]			CASING TEST AND CEMENT JOB	[ ]		
OTHER:	[ ]			OTHER:	[ ]		

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.

12/8/93

1. Pull production equipment. NU BOP.
2. Set C.I.B.P. @ 3850'. Circulated hole with salt gel mud.
3. Spotted 25 sxs cement on top of C.I.B.P.
4. Spotted 25 sxs cement 1750-2000'.
5. Spotted 25 sxs cement 230-480'.
6. Spotted 10 sxs cement at surface.
7. Removed wellhead. Install marker. Rig Down.

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 2/3/94

TYPE OR PRINT NAME Marc Wise TELEPHONE NO 392-6950

(This space for State Use)

APPROVED BY Lyle F. Turnacliff TITLE [illegible] DATE JUN 21 1994

CONDITIONS OF APPROVAL, IF ANY: