

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

M. O. Cons. Division FORM APPROVED
1625 N French Dr. Budget Bureau No. 1004-0135
Hobbs, NM 88240 Expires: March 31, 1993

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

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

Lynx Petroleum Consultants, Inc.

3. Address and Telephone No.

P.O. Box 1708, Hobbs, NM 88241 505-392-6950

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

660' FNL & 2310' FEL

Section 10, T-20S, R-36E

Lease Designation and Serial No.
LC-031622B

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8910088220

8. Well Name and No.

Reed Sanderson #19

9. API Well No.

30-025-04203

10. Field and Pool, or Exploratory Area

Eumont-Yates-Sr

11. County or Parish, State

Lea County, NM

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

TYPE OF SUBMISSION

- ☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other T.A. Extension

- ☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(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.)*

Extension of Approval for Temporary Abandonment

1. R.B.P. set at 3664'.
2. Casing is loaded with packer fluid.
3. Mechanical Integrity Test was run 1/24/96 O.K.
4. This well is in an active federal unit waterflood and needs to be retained for future use as an injector. A flood pattern revision may become necessary for maximizing ultimate recovery.
5. Approval is requested to continue to carry this well as T.A. status.

TH 1/24/2001

RECEIVED
JAN 25 1997
P. 251

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

Signed Marc Wise Title President

Date 1/6/00

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any:

Title _____

Date 1/25/2000