	State of New M	Sexico		Form C-100
Submit 3 Copies to Appropriate District Office	Energy, Minerals and Natural R	lesources Department		Redact 1-1-89
DISTRICT   P.O. Box 1980, Hobbs, NM \$8240	OIL CONSERVATION		WELL API NO.	· .
P.U. DDX 2088			30-025-24997	<u></u>
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Sania Fe, New Mexico	81304-2088	5. Indicate Type of Lauc STA	11E N F12E D
DISTRICT III 1000 Ruo Brazos Rd., Ariec, NM 87410			6. State Oil & Gu Lease No. V-2770	
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.)			7. Lease Name or Unit Agree	ment Name
Type of Well.  OIL OUS  WELL OTHER			Hanson State	·
2. Name of Operator			8. Well No.	
C. W. Trainer			1	
3. Address of Operator	O Pov 000 Hobbe	, NM 88241	9. Pool same or Wildcat Wildcat	/
%Lynx Petroleum, P. 4. Well Location	U. BOX 666, HODDS	, NFI 00241	Wildeac 7711	75 (7) W
Unit Letter N: 660	Feet From The South	Line and 1980	Feet From The We	est line
Section 13	Township 20S Re	unge 32E	MPM · Lea	County
	/////, 10. Elevation !Show whether .	DF, RKB, RT, GR, etc.)	V////	
	/////, 3534 GR			
	ppropriate Box to Indicate I	•	•	
NOTICE OF INT	ENTION TO:	SUBS	SEQUENT REPORT	1 <b>O</b> F:
ERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	X ALTERING	CASING
EMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. DPLUG ANI	D ABANDONMENT
ULL OR ALTER CASING		CASING TEST AND CE	MENT JOB	
THER:	D	OTHER:		
<ol> <li>Describe Proposed or Completed Operation work) SEE RULE 1103.</li> </ol>	ros (Clearly state all pertinent details, an	d give persinent dates, includi	ng estimated date of starting an	proposed
1/25/94 - 4/18/94				
C.O. to 13,282'. Squ	leezed Atoka perfs	12,220-31'	w/100 sxs. Te	ested
Peforated Morrow 13,2 Cleaned out wellbore		ed frac scree	ned out.	
Set CIBP @ 13,190'.	and from costed.			
Peforated Morrow 13,0	32-66'. Acidized	l with 5500 g	als.	
Flow testing. Currer SI for BHP buildup.	it rate 325 MCFPD	@ 220# on 1/	4" choke.	
<b>^</b>				
	Report	to Continue		
hereby certify that the information above is true as	ad ecomplishe to the best of my knowledge and b	elid.		
16-6-6	)	3 1		4/20/04

I horsely cortify that the information above as true and complete to the	Report to Continue		
SIONATURE	Agent Agent	DATE4	/29/94
TYPE OR PRINT NAME L.E. COX			392-695
(This space for State Use)	ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR	! Yam	0 3 1994

CONDITIONS OF APPROVAL IF ANY

AFFROVED BY-

SECEIVED

MAY 0 5 1994

OFFICE