

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-7

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

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
LG-3732	

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		8. Farm or Lease Name
LYNX PETROLEUM CONSULTANTS, INC.		STATE 15
3. Address of Operator		9. Well No.
P.O. BOX 1666 - HOBBS, NM 88240		#1
4. Location of Well		10. Field and Pool, or Wildcat
UNIT LETTER <u>0</u> , <u>330</u> FEET FROM THE <u>South</u> LINE AND <u>1650</u> FEET FROM THE <u>East</u> LINE, SECTION <u>15</u> TOWNSHIP <u>19S</u> RANGE <u>36E</u> NMPM.		Eumont Y-9R-4
15. Elevation (Show whether DF, RT, GR, etc.)		12. County
3749.9 GR.		LEA

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 checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <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.

Spud well 7:45 p.m. 12/28/83

Ran 37 jts. 8-5/8", 24#, K-55, ST&C to 1553'.
Cement surface casing with 600 sx. Class "C" +4% gel + 2% CaCl₂
followed by 200 sx. Class "C" + 2% CaCl₂. Circulated 190 sx.
to surface. Test casing to 600 psi.

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

Signed W. A. Schick TITLE Vice President DATE 1/5/84

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

JAN 11 1984

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

RECEIVED
JAN 10 1984
C.C.D.
HOBBS OFFICE