

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

Budget Bureau No. 1004-0135  
Expires August 31, 1985

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—" for such proposals.)

|  |  |  |
|--|--|--|
| 1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>   |  | 7. UNIT AGREEMENT NAME<br>Eumont Hardy Unit                      |
| 2. NAME OF OPERATOR<br>Lynx Petroleum Consultants, Inc.  |  | 8. FARM OR LEASE NAME  |
| 3. ADDRESS OF OPERATOR<br>P. O. Box 1979, Hobbs, NM 88241  |  | 9. WELL NO.<br>18  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface<br>Unit Letter K, 1980 FSL, 1980 FWL |  | 10. FIELD AND POOL, OR WILDCAT<br>Eumont (Yates-7R-Qn)           |
| 14. PERMIT NO.   |  | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>36, 20S, 37E |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)   |  | 12. COUNTY OR PARISH<br>Lea                                      |
|  |  | 13. STATE<br>NM  |

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

|  |   |
|--|---|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/>      | MULTIPLE COMPLETE <input type="checkbox"/>    |
| SHOOT OR ACIDIZE <input type="checkbox"/>    | ABANDON* <input type="checkbox"/>             |
| REPAIR WELL <input type="checkbox"/>         | CHANGE PLANS <input type="checkbox"/>         |
| (Other) <u>Temporarily Abandon</u>           | <u>X</u>                                      |

SUBSEQUENT REPORT OF:

|  |   |
|--|---|
| WATER SHUT-OFF <input type="checkbox"/>        | REPAIRING WELL <input type="checkbox"/>   |
| FRACTURE TREATMENT <input type="checkbox"/>    | ALTERING CASING <input type="checkbox"/>  |
| SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/>   |
| (Other) _____                                  | (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) |

17. 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.)\*

1. MIRU. Pull and lay down rods and pump. NU BOP. Pull 2 3/8" tubing.
2. Run bit and scraper.
3. Run 5 1/2" cement retainer and set at + 3600'.
4. Load and test casing to 500 psig for 30 minutes.
5. Circulate hole with 90 bbls. of packer fluid. POOH.
6. ND BOP. NU wellhead with valve.
7. Rig down.

RECEIVED

AUG 3 10 17 AM '90

CAR AREA

RECEIVED  
AUG 1 11 00 AM '90  
BUREAU OF LAND MANAGEMENT

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

SIGNED

*Max L. Williams*

TITLE

President

DATE

7/30/90

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side