

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-85

DISTRICT I
P.O. Box 1960, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Aztec, NM 88210

DISTRICT III
1000 Las Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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.)		WELL API NO. _____
1. Type of Well: OIL WELL ☐ GAS WELL ☐ OTHER: Injection Well		5. Indicate Type of Lease STATE ☒ FEE ☐
2. Name of Operator Lynx Petroleum Consultants, Inc.		6. State Oil & Gas Lease No. B-230
3. Address of Operator P.O. Box 1979, Hobbs, NM 88241		7. Lease Name or Unit Agreement Name Eumont Hardy Unit
4. Well Location Unit: Letter <u>M</u> : <u>660</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u> Line Section <u>25</u> Township <u>20S</u> Range <u>37E</u> N.M.P.M. Lea County		8. Well No. 1
10. Elevation (Show whether: D.F., R.F.E., R.T., G.H., etc.) 3664' D.F.		9. Pool name or Wildcat Eumont Yates-SR-Q

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 ☐

PULL OR ALTER CASING ☐

CASING TEST AND CEMENT JOB ☐

OTHER: _____

OTHER: Temporarily Abandon ☒

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.

Request for Temporary Abandonment

A casing integrity test was performed on 4/7/92.
The casing held 500 psig for 30 minutes.
The pressure recorder chart is attached.

This Approval of Temporary
Abandonment Expires 4-7-97

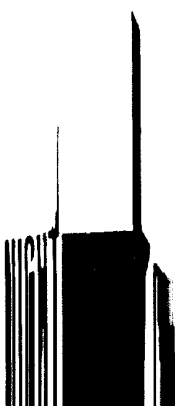
I hereby certify that the information above is true and complete to the best of my knowledge and belief.

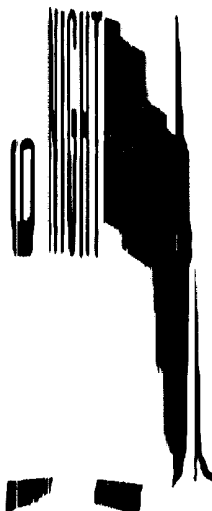
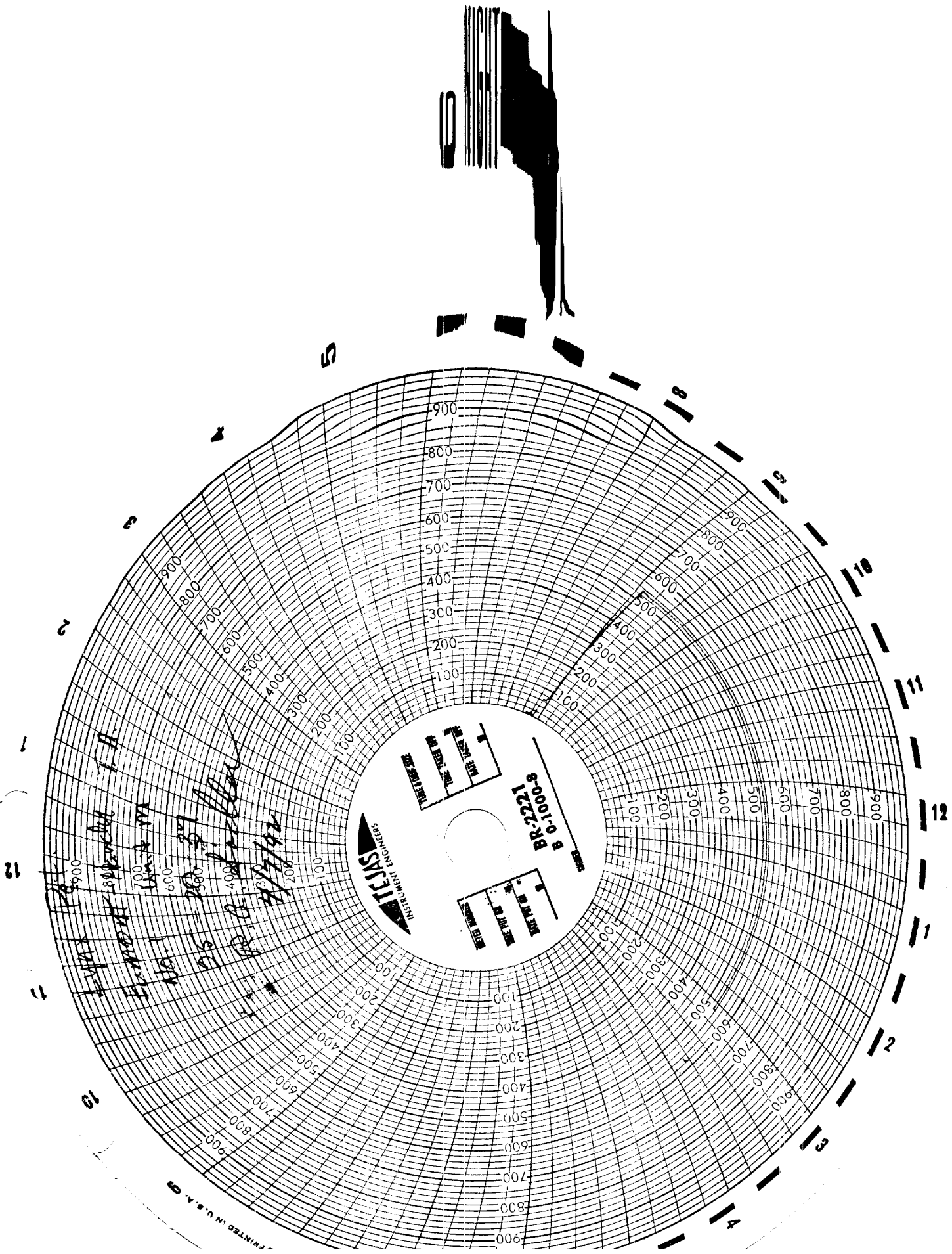
SIGNATURE Marc Wise TITLE President DATE 4/14/92
TYPE OF PRINT NAME Marc Wise TELEPHONE NO. 392-6950

(This space for State Use)

APR 17 '92

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





PRINTED IN U.S.A. 99

RECEIVED
JUN 19 1962
100