

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

NM Co  
1980  
Hobbs NM 88241

FORM APPROVED  
Budget Bureau No. 1004-0135  
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 <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. LC-069052
2. Name of Operator Lynx Petroleum Consultants, Inc.	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. P.O. Box 1979, Hobbs, NM 88241 505-392-6950	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 467' FNL & 990' FWL Sec. 31, T-24S, R-38E	8. Well Name and No. Elliott "31" Fed. #6
	9. API Well No. 30-025-24097
	10. Field and Pool, or Exploratory Area Dollarhide Tubbs-Drk.
	11. County or Parish, State Lea, NM

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

TYPE OF SUBMISSION	TYPE OF ACTION
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input type="checkbox"/> Other
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Dispose Water (Please 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.)

**REQUEST NTL-2B APPROVAL:**

FORMATION: Drinkard  
WATER PRODUCED: 18 BWPD  
WATER ANALYSIS: See Attached  
WATER STORAGE: Tank (Fiberglass) Located @  
Unit Letter D, Sec. 31, T-24S, R-38E  
METHOD OF MOVEMENT: Truck (Approved Hauler)  
DISPOSAL SYSTEM: Approved System

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

Signed Marc W. Title President Date 9/19/97

(This space for Federal or State office use)

Approved by GRACE G. GILBERT Title SEPT 22 1997 Date SEP 22 1997  
Conditions of approval, if any: