Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.	T	OTRAN	SPORT O	IL AND NA	TURAL G	AS				
Operator						Well	API No.	No.		
Lynx Petroleum C	onsulta	nts,	Inc.							
Address P.O. Box 1979, H	obbe N	M &&'	241							
Reason(s) for Filing (Check proper box)	0003, 11	11 00.	241	Ou	ner (Please exp	olain)				
New Well	(Change in Tr	ansporter of:			,				
Recompletion	Oil	□ D	ry Gas 🔲							
Change in Operator	Casinghead	Gas C	ondensate							
If change of operator give name and address of previous operator Gen	e Clark	Opera	ating Co	ompany,	600 S.	Cherr	y, Suit	e 210.		
		De	enver, (CO 802	22					
I. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Includi					ing Formation Vind			of Lease No.		
Hightower F ederal					- -			Federal or Fee LC062903		
Location		 						eral		
Unit LetterN	: 660 Feet From The South Line and 1980 Feet From The West Line								Line	
Service 31 Trumbin 185 p 32F promi										
Section 5 to Townsh	ip 100	K	ange 321	<u>, , , , , , , , , , , , , , , , , , , </u>	MPM,	Lea			County	
III. DESIGNATION OF TRAI	NSPORTER	OF OIL	AND NATI	JRAL GAS						
Name of Authorized Transporter of Oil		Address (Give address to which approved copy of this form is to be sent)								
Navajo Refining Company							esia, NM 88210			
Name of Authorized Transporter of Casir	Address (Give address to which approved copy of this form is to be sent)									
If well produces oil or liquids,	wp. Rge	e. Is gas actually connected? When ?								
give location of tanks.	Unit S		18 32	No	.y comococo.	"""	•			
If this production is commingled with that	from any other	r lease or poo	ol, give commin		iber:	····			······	
IV. COMPLETION DATA										
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		Date Compl. Ready to Prod.			<u>.L</u>		P.B.T.D.		1	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Form			ation	Top Oil/Gas Pay			Tubing Depth			
Perforations				1				Depth Casing Shoe		
TUBING, CASING A				CEMENTI	NG RECOR	RD	<u></u>			
HOLE SIZE	CASI	NG & TUBI	NG SIZE		DEPTH SET			SACKS CEMENT		
	<u> </u>									
V. TEST DATA AND REQUE	ST FOR AL	LOWAB	LE							
OIL WELL (Test must be after	recovery of tota	d volume of i	load oil and mus	it be equal to o	exceed top all	lowable for thi	s depth or be fo	r full 24 hou	rs.)	
Date First New Oil Run To Tank Date of Test					Producing Method (Flow, pump, gas lift, etc.)					
Length of Test Tubing Pressure Casing Pressure Choke Size										
Edgui of Tex	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.			Water - Bbls.			Gas- MCF		
GAS WELL							, , , , , , , , , , , , , , , , , , ,			
Actual Prod. Test - MCF/D	Length of Te	st		Bbls. Conde	sate/MMCF	·	Gravity of Co	ndensate		
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)				Casing Press	Casing Pressure (Shut-in)			Choke Size		
III ODDD 4 TOD TO	<u> </u>	~~-								
VI. OPERATOR CERTIFIC						USERV	ΔΤΙΩΝΙ Γ	אועופור	M	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OIL CONSERVATION DIVISION					
is true and complete to the best of my knowledge and belief.					Data Approved					
\mathcal{M}/\mathcal{M}					Date Approved					
- ///ar ilin				ll Pu						
Signature Marc L. Wise President				By						
Printed Name Title				Title						
06/19/92	· 	<u> 392–69</u>		Title						
Date		Telepho	one No.	11						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.