

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.U.S.	
LAND OFFICE	
TRANSPORTER	OIL
	NAT
OPERATOR	
PRODUCTION OFFICE	

Operator
LYNX PETROLEUM CONSULTANTS, INC.

Address
P.O. BOX 1666 - HOEBS, NM 88240

Reason(s) for filing (Check proper box) Other (Please explain)
 New Well Change in Transporter of: Approval to flare casinghead gas from
 Recompletion Oil Dry Gas this well must be obtained from the
 Change in Ownership Casinghead Gas Condensate Minerals Management Service.

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name Lynx Federal	Well No. #3	Pool Name, including Formation Maljamar Grayburg-SA	Kind of Lease State, Federal or Fee Federal	Lease No. LC054687
Location Unit Letter N : 330 Feet From The South Line and 1650 Feet From The West				
Line of Section 15 T. wship 17S Range 32E , NMPM, Lea County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 175 - Artesia, NM 88210			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company GPM Gas Corporation	Address (Give address to which approved copy of this form is to be sent) Frank Phillips Bldg. - Bartlesville, OK			
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 15	Twp. 17S	Rge. 32E
	Is gas actually connected? No		When 2/18/83	

If this production is commingled with that from any other lease or pool, give commingling order number: _____

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 1/14/83	Date Compl. Ready to Prod. 2/10/83		Total Depth 4212'		P.B.T.D. 4170'			
Elevations (DF, RKB, RT, GR, etc.) 4013' GR	Name of Producing Formation San Andres		Top Oil/Gas Pay 3893'		Tubing Depth 4165'			
Perforations 4174'-4184', 4125'-4127', 4144'-4158', 4020'-4030'					Depth Casing Shoe 4212'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8", 24#, K-55		814'		480 sxs Circ.			
7 7/8"	5 1/2", 17#, K-55							
	5 1/2", 15.5#, K-55		4212'		1200 sxs Circ.			

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 2/10/83	Date of Test 2/14/83	Producing Method (Flow, pump, gas lift, etc.) Swab		
Length of Test 10 Hrs.	Tubing Pressure 0	Casing Pressure 0	Choke Size -	
Actual Prod. During Test 50 BF in 10 Hrs	Oil - Bbls. 38B0 = 91B0FD	Water - Bbls. 12 BW = 29 BWPD	Gas - MCF Est. 10MCF	

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (spot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Marc L. Wine
(Signature)
President
(Title)
2/16/83
(Date)

OIL CONSERVATION DIVISION
FEB 18 1983

APPROVED _____, 19____

BY **ORIGINAL SIGNED BY EDDIE SEAY**

TITLE **OIL & GAS INSPECTOR**

This form is to be filed in compliance with RULE 1104.
 If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 111.
 All sections of this form must be filled out completely for allowable on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of conditions.
 Separate Forms C-104 must be filed for each pool in multiple.

RECEIVED
FEB 17 1983
O.C.D.
HOBBS OFFICE