

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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SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	NAT		
OPERATOR			
PROXY OFFICE			

I. Operator  
Lynx Petroleum Consultants, Inc.

Address  
P. O. Box 1666, Hobbs, NM 88241

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate	
<input checked="" type="checkbox"/> Change in Ownership			

Other (Please explain)

If change of ownership give name and address of previous owner Turman and Hayes  
c/o A. T. Burke, P. O. Box 3364, Longview, TX 75606

II. DESCRIPTION OF WELL AND LEASE

Lease Name "B" Lee State	Well No. 4	Pool Name, including Formation Vacuum (Abo) Reef	Kind of Lease State, Federal or Fee State	Lease No. E-6002
Location Unit Letter <u>L</u> ; <u>660</u> Feet From The <u>West</u> Line and <u>2055</u> Feet From The <u>South</u>				
Line of Section <u>7</u> Township <u>18S</u> Range <u>35E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas-New Mexico Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2528, Hobbs, NM 88241-2528			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips 66 Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) GPM Gas Corporation 4001 Penbrook, Odessa, TX 79762			
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 7	Twp. 18S	Rge. 35E
Is gas actually connected?		When		
Yes		Unknown		

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

Mary Forey  
(Signature)  
Vice-President  
(Title)  
July 1, 1988  
(Date)

OIL CONSERVATION DIVISION  
APPROVED AUG 02 '88, 19\_\_\_\_  
BY \_\_\_\_\_  
Orig. Signed by  
\_\_\_\_\_  
Geologist  
TITLE \_\_\_\_\_

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 deviation 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 condition.  
Separate Forms C-104 must be filed for each pool in multiply completed wells.