

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.F.O.A.	<input type="checkbox"/>
LAND OFFICE	<input type="checkbox"/>
TRANSPORTER	<input checked="" type="checkbox"/>
OPERATION	<input checked="" type="checkbox"/>
PACIFICATION OFFICE	<input type="checkbox"/>

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

RECEIVED

APR 07 '89

Form C-104
Revised 10-01-78
Format DG-01-23
Page 1

O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator

Lynx Petroleum Consultants, Inc. ✓

Address

P. O. Box 1666, Hobbs, NM 88241

Reason(s) for filing (Check proper box)

- ☐ New Well
☐ Recombination
☒ Change in Ownership

Change in Transporter of:

- ☐ Oil ☐ Dry Gas
☐ Casinghead Gas ☐ Condensate

Other (Please explain)

Effective 03/01/89

If change of ownership give name and address of previous owner: McClellan Oil Corp., P. O. Drawer 730, Roswell, NM 88201

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Marlisue Queen Unit Tract 2	2	Double L Queen, Asso	State	K-6772
Location				
Unit Letter J : 2310 Feet From The East Line and 2145 Feet From The South				
Line of Section 24 Township 14S Range 29E NMPM. Chaves 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"/>	Address (Give address to which approved copy of this form is to be sent)
Pride Pipeline Company	P. O. Box 2436, Abilene, TX 79604
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Phillips 66 Natural Gas Company	820-M Plaza Ofc. Bldg, Bartlesville, OK
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit F Sec. 24 Twp. 14S Rgs. 29E	Yes 6/14/79

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

Post ID-3

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

4-14-89

chy rp

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.

M. Williams
(Signature)

President

(Title)

04/05/89

(Date)

APR 10 1989

APPROVED _____, 19

BY _____ Original Signed By

TITLE _____ Mike Williams

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.