

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE		
TRANSPORTER	OIL <input checked="" type="checkbox"/>	
	CONDENSATE <input checked="" type="checkbox"/>	
OPERATION		<input checked="" type="checkbox"/>
PRODUCTION OFFICE		

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

RECEIVED

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

APR 07 '89

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		
Reasons for filing (Check proper box)		Other (Please explain)
<input type="checkbox"/> Near Well	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas	Effective 03/01/89
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate	
<input checked="" type="checkbox"/> Change in Ownership		

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 Marlisue Queen Unit Tract 2	Well No. 3	Pool Name, including Formation Double L Queen, Asso	Kind of Lease State	Lease No. K-6772
Location Unit Letter <u>G</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>2310</u> Feet From The <u>East</u> Line of Section <u>24</u> Township <u>14S</u> Range <u>29E</u> , NMPM, <u>Chaves</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"/> Pride Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2436, Abilene, TX 79604	
Name of Authorized Transporter of Casinghead Gas <input 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) 820-M Plaza Ofc. Bldg, Bartlesville, OK	
If well produces oil or liquids, give location of tanks.	Unit <u>F</u> Sec. <u>24</u> Twp. <u>14S</u> Rge. <u>29E</u>	Is gas actually connected? <u>Yes</u> When <u>11/09/79</u>


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

Part ID-3
4-14-89
chg op

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.


(Signature)
President
(Title)
04/05/89
(Date)

APPROVED APR 10 1989, 19
BY Original Signed By
Mike Williams
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.