

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	✓
FILE	✓
U.F.O.I.	
LAND OFFICE	
TRANSPORTER	OIL
	NAT
OPERATION	
PAYMENT OFFICE	

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

RECEIVED

Form C-104
Revised 10-01-78
Formal 00-01-83
Page 1

APR 07 '89

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. D.
ARTESIA, OFFICE

WFW

I.

Operator
Lynx Petroleum Consultants, Inc.

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

Reason(s) for filing (Check proper box)

New Well Change in Transporter of:

Recompletion Oil Dry Gas

Change in Ownership 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 <u>Marlisue Queen Unit Tract 2</u>	Well No. <u>7</u>	Pool Name, including Formation <u>Double L Queen, Asso</u>	Kind of Lease <u>State</u>	Lease No. <u>K-6772</u>
Location				
Unit Letter <u>G</u>	: <u>2620</u> Feet From The <u>North</u> Line and	<u>2075</u> Feet From The <u>East</u>		
Line of Section <u>24</u>	Township <u>14S</u>	Range <u>29E</u>	<u>N.M.P.M.</u>	County <u>Chaves</u>

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)
<u>Pride Pipeline Company</u>	<u>P. O. Box 2436, Abilene, TX 79604</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Phillips 66 Natural Gas Company</u>	<u>820-M Plaza Ofc. Bldg, Bartlesville, OK</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When 14004
	<u>Post ID-3</u>

If this production is commingled with that from any other lease or pool, give commingling order number: 4-14-89

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
04/05/89
(Date)

APR 10 1989
APPROVED _____ 19_____
BY Original Signed By
Alike 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.