

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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PRODUCTION OFFICE	

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-E3
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. D.
ARTESIA, OFFICE

I.

Operator
Lynx Petroleum Consultants, Inc.

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

Presents for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain) Effective 03/01/89
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

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>4</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>C</u> : <u>1155</u> Feet From The <u>North</u> Line and <u>2475</u> Feet From The <u>West</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"/> <u>Pride Pipeline Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 2436, Abilene, TX 79604</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Phillips 66 Natural Gas Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>820-M Plaza Ofc. Bldg. Bartlesville, OK</u>
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?	When : <u>6/1/80</u>

If this production is commingled with that from any other lease or pool, give commingling order number: Post IO-3

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.

Mike Williams
(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.