## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

(Date)

	Revised 10 Format 06- ATION DIVISION Page 1	
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OCT - 2 1986   REQUEST FO		+
	ND	
I. OIL CONSERVATAUTHORIZATION TO TRANS	ORT OIL AND NATURAL GAS	
Operator SAMME		
Lynx Petroleum Consultants, Inc.		
P. O. Box 1666, Hobbs, NM 88241		
Reogon(s) for filing (Check proper box)	Other (Please explain)	
New Well Change in Transporter of:		
	y Gas	\$ 2.2 to 1
X Change in Ownership Casinghead Gas C	ondensate	
If change of ownership give name Conoco, Inc., P. O.	Box 460, Hobbs, NM 88241	
II. DESCRIPTION OF WELL AND LEASE  [Lease Name   Well No.   Pool Name, Including F	ormation   Kind of Lease	Lease No.
Eumont Hardy Unit 49 Eumont(Yates	-7Rvrs-Queen State, Federal or Fee Fee	
Location		<del></del>
Unit Letter N : 3660 Feet From The South Lin	and 1980 Feet From The West	
Line of Section 6 Township 21S Bones	37F NAPA LOS	County
Line of Section 6 Township 21S Range	37Е, ммрм, Lea	County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	. GAS	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL Name of Authorized Transporter of Oil  or Condensate	, GAS   Address (Give address to which approved copy of this form is	to be sentj
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL Name of Authorized Transporter of Oil A or Condensate Shell Pipeline	GAS  Address (Give address to which approved copy of this form is P. O. Box 1910. Midland. TX 79	so be sens)
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL Name of Authorized Transporter of Oil  or Condensate  Shell Pipeline  Name of Authorized Transporter of Casinghead Cas  or Dry Gas	GAS  Address (Give address to which approved copy of this form is  P. O. Box 1910, Midland, TX 79  Address (Give address to which approved copy of this form is	to be sent) 702 to be sent)
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL Name of Authorized Transporter of Oil or Condensate Shell Pipeline  Name of Authorized Transporter of Casinghead Gas A or Dry Gas Warren Petroleum	GAS  Address (Give address to which approved copy of this form is P. O. Box 1910. Midland. TX 79	to be sent) 702 to be sent)
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL Name of Authorized Transporter of Oil  or Condensate   Shell Pipeline Name of Authorized Transporter of Casinghead Gas  or Dry Gas   Warren Petroleum	GAS    Address (Give address to which approved copy of this form is   P. O. Box 1910, Midland, TX 79   Address (Give address to which approved copy of this form is   P. O. Box 1589, Tulsa, OK 7410	to be sent) 702 to be sent) 2
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL Name of Authorized Transporter of Oil  or Condensate  Shell Pipeline  Name of Authorized Transporter of Cosinghead Cas  or Dry Gas  Warren Petroleum  If well produces oil or liquids, Unit Sec. 36 Twp. Rge.	GAS  Address (Give address to which approved copy of this form is  P. O. Box 1910, Midland, TX 79  Address (Give address to which approved copy of this form is  P. O. Box 1589, Tulsa, OK 7410  Is gas actually connected?  Yes  Linknows	to be sent) 702 to be sent) 2
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III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL Name of Authorized Transporter of Oil  or Condensate  Shell Pipeline  Name of Authorized Transporter of Costinghead Gas  or Dry Gas  Warren Petroleum  If well produces oil or liquids,	Address (Give address to which approved copy of this form is P. O. Box 1910, Midland, TX 79 Address (Give address to which approved copy of this form is P. O. Box 1589, Tulsa, OK 7410 Is gas actually connected? When Yes Unknown  Give commingling order number:  DIL CONSERVATION DIVISION  APPROVED  DISTRICT 1 SUPERVISOR	to be sent) 702 to be sent) 2
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Form C-104

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.