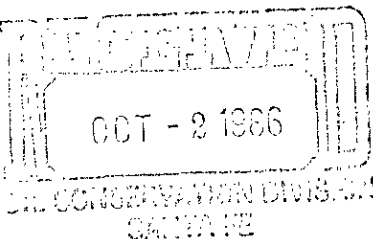


STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL	
	NATURAL GAS	
OPERATOR		
PRODUCTION OFFICE		



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

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

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) Other (Please explain)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<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 Conoco, Inc., P. O. Box 460, Hobbs, NM 88241

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Eumont Hardy Unit</u>	Well No. <u>34</u>	Pool Name, including Formation <u>Eumont(Yates-7Rvrs-Queen)</u>	Kind of Lease <u>State, Federal or Fee Fee</u>	Lease No.
Location				
Unit Letter <u>F</u>	<u>1876.5</u> Feet From The <u>North</u> Line and <u>1867</u> Feet From The <u>West</u>			
Line of Section <u>6</u>	Township <u>21S</u>	Range <u>37E</u>	NMPM, <u>Lea</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>Shell Pipeline</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1910, Midland, TX 79702</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Warren Petroleum</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1589, Tulsa, OK 74102</u>
If well produces oil or liquids, give location of tanks.	Unit <u>I</u> Sec. <u>36</u> Twp. <u>20S</u> Rge. <u>37E</u>
Is gas actually connected?	When <u>Unknown</u>

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

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]
(Signature)

Vice-President
(Title)

09/25/86
(Date)

OIL CONSERVATION DIVISION

APPROVED SEP 30 1986, 19
BY [Signature]
TITLE DISTRICT 1 SUPERVISOR

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.