| STATE OF NEW MEXIC<br>ENERGY AND MINERALS DEPAR  |                       |                       |  |                             |   |
|--|-----------------------|-----------------------|--|-----------------------------|---|
| DIST NIBUTION<br>DIST NIBUTION<br>SANTA FE<br>FILE<br>U.S.U.S.<br>LAND OFFICE<br>TRAMSPORTER<br>OL | 01                    | P.O.BC                | ATION DIVISIO<br>DX 2088<br>W MEXICO 87501 | N                           | Form C-104<br>Revised 10-01-78<br>Format 06-01-83<br>Page 1 |
| OPERATOR   | REQUEST FOR ALLOWABLE |                       |  |                             |   |
| PROMATION LIPPICE  | AUTHORI2              |                       | ND<br>PORT OIL AND NATU                    |                             | •   |
| I.<br>Operator   |                       |                       | ORT OIL AND NATU                           | IKAL GAS                    |   |
|  | Consults              | - · ·                 |  |                             |   |
| Lynx Petroleum   | consultants,          | Inc Age               | nt for First                               | Interstate Bai              | <del>nk</del>   |
| P. O. Box 1666   | Hobbs, NM             | 88241                 |  |                             | · · · · · · · · · · · · · · · · · · ·                       |
| heston(s) for tiling (Checa prop   | ur boxj               |                       | Other (Pleas                               | e esplainj                  |   |
| New Weil<br>Recompletion   | <u> </u>              | ransporter of:        |  |                             |   |
|  |                       |                       | ry Gas                                     |                             |   |
|  |                       | head Gas              | ondensate                                  |                             |   |
| If change of ownership give name Haseloff Corporation, P. O. Box 249, Lovington, NM 88260          |                       |                       |  |                             |   |
| II. DESCRIPTION OF WELL  |                       |                       |  |                             | NM-046153-A   |
| Lesse Name   |                       | ool Name, Including F |  | Kind of Lease               | Legae No.   |
| Miller Federal   | 2                     | <u>Tom-Tom (Sa</u>    | <u>n Andres)</u>                           | State, Federal or Fee Fed   | leral   |
| Unit Letter  |                       |                       |  |                             |   |
| Line of Section 34   | Township 7S           | Range 3               | 1E , NMPM                                  | , Chaves                    | County  |
| III. DESIGNATION OF TR.  | ANSPORTER OF OU       | AND NATURAL           | CAS  | PA                          |   |
| Name of Authorized Transporter   | of Cil or Cond        |                       | Aadress (Give address )                    | o which approved copy of th | is form is to be sent)                                      |
| Name of Authorized Transporter   |                       |                       |  |                             |   |
|  | vi Casingnead Gas 🛄   | of Dry Gas            | Address (Give address )                    | o which approved copy of th | is form is to be sent)                                      |
| If well produces oil or liquids,<br>give location of tanks.  | Unii Sec.             | Twp. Rge.             | Is gas actually connecte                   | d? When                     |   |
| A  |                       |                       | I  |                             |   |

.....

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.

(Signatu

(Tule)

<u>Agent</u>

9/17/86

(Date)

|  | OIL CONSERVATION DIVISION       |
|--|---------------------------------|
| APPROVED                               | SEP 2 2 1986                    |
| BY                                     | DRIGINAL SIGNED BY FRITY SEXTON |
| ************************************** | DISTRICT I SHERVISOR            |

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.