

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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	GAS
OPERATOR	
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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, Incorporated

Address P.O. Box 1666, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain)

If change of ownership give name and address of previous owner Southland Royalty Co. 21 Desta Dr. Midland, Tx 79705

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Vickers State</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Maljamar GR-SA</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>E-1388</u>
Location				
Unit Letter <u>M</u>	<u>330</u>	Feet From The <u>South</u>	Line and <u>330</u>	Feet From The <u>West</u>
Line of Section <u>4</u>	Township <u>17S</u>	Range <u>33E</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>Koch Oil Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1558-Breckenridge, Texas 76024</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)
If well produces oil or liquids, give location of tanks.	Unit <u>M</u> Sec. <u>4</u> Twp. <u>17S</u> Rge. <u>33E</u>
Is gas actually connected?	When
	<u>NO</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.

Gary W. Fonay
(Signature)
Vice-President

(Title)
September 10, 1984

(Date)

OIL CONSERVATION DIVISION

SEP 21 1984

APPROVED _____, 19____

BY ORIGINAL SIGNED BY DISTRICT SUPERVISOR
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.