

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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| OPERATION | | |
| 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, 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 checked="" type="checkbox"/> Recompletion | <input checked="" type="checkbox"/> Oil | <input type="checkbox"/> Condensate |
| <input type="checkbox"/> Change in Ownership | <input type="checkbox"/> Casinghead Gas | |

Other (Please explain)
CAPSULES MUST NOT BE
PLACED IN BOX 12/13/84
UNTIL AN INJECTION NO K-4070
IS OBTAINED

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|---------------|---|--|-----------|
| Lease Name LeClure "C" | Well No. 1 | Pool Name, Including Formation Denton Wolfcamp | Kind of Lease State, Federal or Fee Fee | Lease No. |
| Location | | | | |
| Unit Letter <u>A</u> ; <u>990</u> Feet From The <u>East</u> Line and <u>330</u> Feet From The <u>North</u> | | | | |
| Line of Section <u>14</u> Township <u>15N</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"/> Navajo Refining Company | Address (Give address to which approved copy of this form is to be sent) P.O. Denver 159, Artesia, NM 88210 |
| 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 Sec. Twp. Rge. Is gas actually connected? When |
| | <u>A</u> <u>14</u> <u>15N</u> <u>37E</u> <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.

Dary W. Finney
(Signature)
Vice-President
(Title)
October 17, 1984
(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 25 1984, 19_____
BY ORIGINAL SIGNED BY ARMY TANTON
6301211 10/25/84
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.

IV. COMPLETION DATA

| | | | | | | | | |
|---|--|-------------------------|----------------------|----------|--------|-----------|--------------------|---------------|
| Designate Type of Completion - (X) | Oil Well <input checked="" type="checkbox"/> | Gas Well | New Well | Workover | Deepen | Plug Back | Stim. Res. v. | Diff. Res. v. |
| Date Spudded -- | Date Compl. Ready to Prod. 10/13/84 | Total Depth 12650 | P.B.T.D. 9146 | | | | | |
| Locations (DF, RKB, RT, GR, etc.) 3803 | Name of Producing Formation Wolfcamp | Top Oil/Gas Pay 9082 | Tubing Depth 9130 | | | | | |
| Cementation | | | | | | | Depth Casing Shoes | |

TUBING, CASING, AND CONVERTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | BACKS CEMENT |
|-----------|----------------------|-----------|--------------|
| | 5 1/2" | 12650 | |
| | 2 7/8" | 9130 | |

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

| | | | |
|---|---------------------------|---|-------------------|
| Date First New Oil Run To Tanks 10/13/84 | Date of Test 10/13/84 | Producing Method (Flow, pump, gas lift, etc.) Pump | |
| Length of Test 24 hours | Tubing Pressure 15 psi | Casing Pressure 15 psi | Choke Size -- |
| Actual Prod. During Test | Oil - Bbls. 23 | Water - Bbls. 3 | Gas - MCF none |

GAS WELL

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pilot, back pr.) | Tubing Pressure (shut-in) | Casing Pressure (shut-in) | Choke Size |