

OIL CONSERVATION DIVISION

Form C-104
Revised 10-1-78P. O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.D.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PRODUCTION OFFICE	

Operator
Lynx Petroleum Consultants, Inc.

Address

P.O. Box 1666 - Hobbs, NM 88240

Reason(s) for filing (Check proper box)

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

Other (Please explain)

Approval to transport casinghead gas from this well must be obtained from the Minerals Management Service.

If change of ownership give name and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name Lynx Federal	Well No. 1	Pool Name, including Formation Maljamar Grayburg-SA	Kind of Lease State, Federal or Fee Federal	Lease No. LO-054687
Location Unit Letter <u>0</u> : <u>710</u> Feet From The <u>South</u> Line and <u>2310</u> Feet From The <u>East</u> Line of Section <u>15</u> Township <u>17-S</u> Range <u>32-E</u> NMPM, <u>Lea</u> County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Pipeline <u>LLC</u>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 175 - Artesia, NM 88201			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	EFFECTIVE: <u>February 1, 1992</u> GPM Gas Corporation Frank Phillips Bldg. - Bartlesville, OK			
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 15	Twp. 17S	Rge. 32E
	Is gas actually connected? <u>No</u> When			

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

III. COMPLETION DATA

Designate Type of Completion - (X)	Oil well <input checked="" type="checkbox"/>	Gas well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 6/22/82	Date Compl. Ready to Prod. 7/27/82	Total Depth 4200'	P.B.T.D. 4095'					
Elevations (DF, RAB, RT, GR, etc.) 4059' GL	Name of Producing Formation San Andres	Top Oil/Gas Pay 3975'	Tubing Depth 4065'					
Perforations 3975', 3978', 3983', 3989', 4060', 4063', 4065', 4066', 4067'	Depth Casing Shoe 4195'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8", 24#, K-55		840'		480 sx. Circ.			
7-7/8"	5-1/2", 15.5#, K-55		4195'		1500 sx. Circ.			

IV. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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)

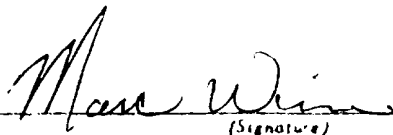
Date First New Oil Run To Tanks 8/11/82	Date of Test 8/18/82	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure 15	Casing Pressure 15	Choke Size -
Actual Prod. During Test 55	Oil - Bbls. 55	Water - Bbls. 0	Gas - MCF 43

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

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 above is true and complete to the best of my knowledge and belief.

President
(Title)August 20, 1982
(Date)

OIL CONSERVATION DIVISION

APPROVED AUG 24 1982, 19
ORIGINAL SIGNED BY
BY JERRY SEXTON
TITLE DISTRICT 1 SUPER.

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 deviate 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 Form C-104 must be filed for each pool in multiple.

OPERATOR LYNX PETF EUM ADDRESS OX 1666, HOBBS, NM. 88240
LEASE NAME LYNX FEDERAL WELL NO. #1 FIELD _____
LOCATION 15-17-32

DEPTH	ANGLE INCLINATION DEGREES	DISPLACEMENT	DISPLACEMENT ACCUMULATED
481	1/4	2.1164	2.1164
1090	1/4	2.6796	4.7960
1340	1/2	2.1750	6.9710
1840	3/4	6.5500	13.5210
2070	3/4	3.0130	16.5340
2445	1	6.5625	23.0965
2940	1	8.6625	31.7590
3340	1	7.0000	38.7590
3807	1 1/4	10.1806	48.9396
4200	1 1/2	10.2966	59.2362

I hereby certify that the above data as set forth is true and correct to the best of my knowledge and belief.

CACTUS DRILLING COMPANY

Denise Leake
TITLE OFFICE MANAGER

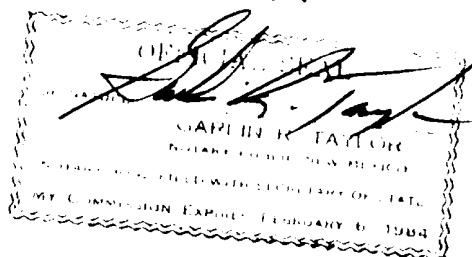
AFFIDAVIT:

Before me, the undersigned authority, appeared DENISE LEAKE known to me to be the person whose name is subscribed herebelow, who, on making deposition, under oath states that he is acting for and in behalf of the operator of the well identified above, and that to the best of his knowledge and belief such well was not intentionally deviated from the true vertical whatsoever.

Denise Leake
AFFIANT'S SIGNATURE

Sworn and subscribed to in my presence on this the 3 day of JULY, 19 8

SEAL



Notary Public in and for the County
of Lea, State of New Mexico