

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF APPLICANTS	
INTERESTED PARTY	
SANTA FE	
FILE	
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
PRODUCTION OFFICE	

LYNX PETROLEUM CONSULTANTS INCORPORATED

Address
P.O. BOX 1666, HOBBS, NEW MEXICO 88240

Reason(s) for filing (Check proper box)

New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name LYNX FEDERAL	Well No. 5	Pool Name, Including Formation MALJAMAR GR-SA	Kind of Lease State, Federal or Fee FEDERAL	Lease No. LC05468
Location Unit Letter <u>F</u> : <u>2310</u> Feet From The <u>NORTH</u> Line and <u>1780</u> Feet From The <u>WEST</u> Line of Section <u>15</u> Township <u>17S</u> Range <u>32E</u> , NMPM, <u>LEA</u> County				

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. Box 175, Artesia, New Mexico 88210
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) GPM Gas Corporation Frank Phillips Building Bartlesville, OK
If well produces oil or liquids, give location of tanks.	Unit <u>0</u> Sec. <u>15</u> Twp. <u>17S</u> Rge. <u>32E</u> Is gas actually connected? <u>YES</u> When <u>JUNE 5, 1984</u>

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>		
Date Spudded April 18, 1984	Date Compl. Ready to Prod. June 5, 1984	Total Depth 4250	P.B.T.D. 4200
Elevations (DF, RKB, RT, GR, etc.) 4059.5 GR	Name of Producing Formation Grayburg-San Andres	Top Oil/Gas Pay 3871	Tubing Depth 4075
Perforations 4055-65, 3908-10, 3892-97, 3871-73	Depth Casing Shoe 4246		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/2	8 5/8" 24# K-55	850	380
7 7/8"	5 1/2" 15.5# & 17# K-55	4246	1000

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 June 10, 1984	Date of Test June 12, 1984	Producing Method (Flow, pump, gas lift, etc.) PUMP	
Length of Test 24 hours	Tubing Pressure --	Casing Pressure 25	Choke Size --
Actual Prod. During Test	Oil-Bble. 85	Water-Bble. 0	Gas-MCF 60

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bble. 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.

Gary W. Foray
(Signature)

Vice-President

(Title)

June 12, 1984

(Date)

OIL CONSERVATION DIVISION

JUN 22 1984

APPROVED _____, 19

BY ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT I 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 deepens 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 multiple completed wells.

INCLINATION REPORT

OPERATOR LYNX PETROLEUM ADDRESS BOX 1666, HOBBS, NM 88240
 LEASE NAME LYNX FEDERAL WELL NO. #5 FIELD _____
 LOCATION 15-17-22

DEPTH	ANGLE INCLINATION DEGREES	DISPLACEMENT	DISPLACEMENT ACCUMULATED
492	$\frac{1}{4}$	2.1648	2.1648
787	$\frac{3}{4}$	3.8645	6.0293
850	$\frac{3}{4}$.8253	6.8546
1093	$\frac{1}{2}$	2.1141	8.9687
1588	$\frac{1}{2}$	4.3065	13.2752
2146	$\frac{3}{4}$	7.3098	20.5850
2674	$\frac{3}{4}$	6.9168	27.5018
3154	1	8.4000	35.9018
3635	1	8.4175	44.3193
4130	$1\frac{1}{4}$	10.7910	55.1103

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

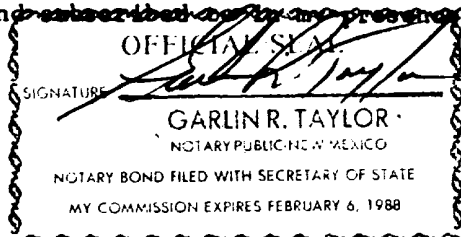
Debra Kelly
 TITLE OFFICE MANAGER

AFFIDAVIT:

Before me, the undersigned authority, appeared DEBRA KELLY
 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.

Debra Kelly
 AFFIANT'S SIGNATURE

Sworn and subscribed to by me in presence of _____ on this the _____ day of _____, 19____



SEAL

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