

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	NAT	
OPERATOR		
PROMOTION OFFICE		

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Lynx Petroleum Consultants, Inc.

Address
P. O. Box 1666, Hobbs, NM 88241

Reason(s) for filing (Check proper box)

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

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Geraldine Doughty	Well No. 1	Pool Name, including Formation Lovington (Paddock)	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter <u>K</u> ; <u>2100</u> Feet From The <u>West</u> Line and <u>1650</u> Feet From The <u>South</u>				
Line of Section <u>25</u> Township <u>16S</u> Range <u>36E</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"/> Lantern Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2281, Midland, TX 79702
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. K 25 16S 36E
Is gas actually connected?	When No

If this production is commingled with that from any other lease or pool, give commingling order number: DHC-614

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.

Larry W. Foray
(Signature)

Vice-President

(Title)

06/02/86

(Date)

OIL CONSERVATION DIVISION

APPROVED JUN 9 1986, 19

BY ORIGINAL SIGNED BY JERRY SEXTON

TITLE DISTRICT 1 SUPERVISOR

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.

III. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X						X	
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
10/30/84	5/30/86		6360'			6320'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
3855' DF	Paddock		6161'			6288'			
Perforations 6161, 66, 72, 73, 82, 83, 6204, 06, 18, 20, 22, 24, 26, 57, 58, 59, 77, 78, 79, 87, 88, 90, 91, 95, 96, 6305, 06						Depth Casing Shoe			
						6360'			
TUBING, CASING, AND CEMENTING RECORD									
PIPE SIZE	CASING & TUBING SIZE			DEPTH SET		SACKS CEMENT			
12 1/2"	8 5/8" 24# K-55			2100		975			
7 7/8"	5 1/2" 15.5 & 17# K-55			6360		790			

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
05/31/86	05/31/86	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	---	15 psi	---
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	14	8	TSTM

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