

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
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, 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"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas
	<input type="checkbox"/> Dry Gas
	<input type="checkbox"/> Condensate

Other (Please specify): **CASINGHEAD GAS MUST NOT BE RELEASED AFTER 6-1-86 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.**

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 Undesignated (Queen)	Kind of Lease State, Federal or Fee Fee	Lease No.
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) 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 <u>K</u> Sec. <u>25</u> Twp. <u>16S</u> Rge. <u>36E</u>	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:

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.

Ray W. Foray
(Signature)
Vice-President
(Title)
4/25/86
(Date)

OIL CONSERVATION DIVISION

APPROVED APR 28 1986, 19
BY ORIGINAL SIGNED BY JERRY TEXON
TITLE DISTRICT I 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.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil well X	Gas well	New well	Workover	Deepen	Plug back	Same Res'v.	Diff. Res'v. X
Date Spudded 10/30/84	Date Compl. Ready to Prod. 03/20/86	Total Depth 6360'			P.B.T.D. 4050'				
Elevations (DF, REB, RT, GR, etc.) 3855' DF	Name of Producing Formation Queen	Top Oil/Gas Pay 3988'			Tubing Depth 4021'				
Perforations 3988-4002' (1 SPF)						Depth Casing Shoe 6360'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE 12 1/4"	CASING & TUBING SIZE 8 5/8"		DEPTH SET 2100'		SACKS CEMENT 975				
7 7/8"	5 1/2"		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 3/20/86	Date of Test 3/20/86	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure --	Casing Pressure 15 psi	Choke Size --
Actual Prod. During Test	Oil - Bbls. 3	Water - Bbls. 8	Gas - MCF TSTM

CAS 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

RECEIVED
 APR 28 1986
 O.C.B.
 HOBBS OFFICE