## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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		1	
DISTRIBUTION			
SANTA FE		1	
FILE			
U.1.0.8.		1	
LAND OFFICE		1	
TRANSPORTER	OIL		
	GAS	1	
OPERATOR			
PROBATION OFFICE			

I.

## OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

## REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator					
Lynx Petroleum Con	sultants, Inc	•			
Accross					
P. O. Box 1666, Ho		1			
Keston(s) for filing (Check proper be	ox)	0	ther (Please expl	ain)	
New Well	Change in Transpo	orter of:			
Recompletion		Dry Gas			
Change in Ownership	Casinghead G	as Condensate		·	
	Turman and Ha	ayes			
If change of ownership give name		-	3364. Lor	ngview, TX 7560	6
and address of previous owner					
II. DESCRIPTION OF WELL AL	ND LEASE				
Lease Name	Well No. Pool Na	me, Including Formation		of Lease	Lease No.
"B" Lee State	3 Vaci	um (Abo) Keel	State	, Foderal or Foe State	E-6002
Location		<i>D</i>			
Unit Letter E : _2	319 Feet From The	Norta Line and	918 Fe	et From The West	
					-
Line of Section 7 T	ownship 185	Range 35E	, NMPM,	Lea	County
				-	
III. DESIGNATION OF TRANS	SPORTER OF OIL AN	D NATURAL GAS			
Name of Authorized Transporter of O	11 X or Condensat	Andress (G	ive address to whi	ch approved copy of this form is	to be sent)
Texas-New Mexico P:	ipeline Compan	nv P.O.	Box 2528.	Hobbs NM 882	41-2528
Name of Authorized Transporter of C	asinghead Gas 🛆 or D	ry Gas [] Address (C	WEPFECT NFA	February 1, 1992	to be sent)
Phillips 66 Natura		SPM GES Copperation	enbrook,	Odessa, TX 797	52

Rge.

•35E

Is gas actually connected?

Yes

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

Twp.

:18S

Sec.

7

NOTE: Complete Parts IV and V on reverse side if necessary.

## **VI. CERTIFICATE OF COMPLIANCE**

If well produces oil or liquids,

give location of tanks.

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.

Unit

F

antw

<u>Vice-President</u>

T T T 1000				
	Julv	1	1988	

(Date)

(Title)

	DNSERVATION DIVISION	
APPROVED	AUG U 2 '88	
BY	Orig. Signed by	
TITLE	Ceologist	

When

Unknown

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 the enges 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.