

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

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

I.

Operator Lynx Petroleum Consultants, Inc.	Well API No. 30-025-30906
Address P. O. Box 1979, Hobbs, NM 88241	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
<input type="checkbox"/> Other (Please explain) CASINGHEAD GAS MUST NOT BE FLARED AFTER <u>11-1-90</u> UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.	
If change of operator give name and address of previous operator THIS WELL HAS BEEN PLACED IN THE FOOT DESIGNATED BELOW. IF YOU DO NOT CONCUR	

II. DESCRIPTION OF WELL AND LEASE

Lease Name E. D. Shipp	Well No. 1	Pool Name, Including Formation Midway San Andres ^{P-9346} 11/1/90	Kind of Lease Leasehold Fee	Lease No.
Location Unit Letter <u>C</u> : <u>330</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u> Line Section <u>20</u> Township <u>17S</u> Range <u>37E</u> , NMPM, Lea 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"/> Navajo Refining Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 159, Artesia, NM 88210					
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 C	Sec. 20	Twp. 17S	Rge. 37E	Is gas actually connected? No	When ?

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

IV. 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 6-21-90	Date Compl. Ready to Prod. 7-19-90		Total Depth 5220		P.B.T.D. 5174			
Elevations (DF, RKB, RT, GR, etc.) 3786 KB	Name of Producing Formation San Andres		Top Oil/Gas Pay 5104		Tubing Depth 5152			
Perforations 5104-12					Depth Casing Shoe 5220			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4	8 5/8, 24# J-55		404		250 SX			
7 7/8	5 1/2, 15.5# J-55		5220		275 SX			
	2 3/8		5152					

V. 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 Tank 7-19-90	Date of Test 8-26-90	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test	Oil - Bbls. 10	Water - Bbls. 20	Gas - MCF

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

VI. OPERATOR 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.

Marc L. Wise
Signature
Printed Name
9/28/90
Date

President
Title
392-6950
Telephone No.

OIL CONSERVATION DIVISION

Date Approved 007 01 1990

By [Signature]

Title _____

- INSTRUCTIONS:** This form is to be filed in compliance with Rule 1104
- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
 - 2) All sections of this form must be filled out for allowable on new and recompleted wells.
 - 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 - 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D.C. 20535

SEP 28 1990

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