

## OIL CONSERVATION DIVISION

P. O. BOX 2000

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
N.M.O.B.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Lynx Petroleum Consultants, INC.

P. O. Box 1666, Hobbs, NM 88240

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	CASINGHEAD GAS MUST NOT BE FLAMED AFTER 7/1/83 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name  
and address of previous owner \_\_\_\_\_

## DESCRIPTION OF WELL AND LEASE

Lease Name Humble "A0" State	Well No. 1	Pool Name, including Formation Eumont Queen	Kind of Lease State, Federal or Fee State	Lease No. LG-360
Location Unit Letter <u>N</u> : <u>660</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>11</u> Township <u>19S</u> Range <u>36E</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"/> Southern Union Refining Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 980 Hobbs, NM 88240
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1150 - Midland, Tx.
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
N 11 19S 36E	NO

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 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 4/23/83	Date Compl. Ready to Prod. 5/1/83	Total Depth 4230'	P.B.T.D. 4230'
Elevations (DF, RKB, RT, GR, etc.) 3748' GL	Name of Producing Formation Queen/Penrose	Top Oil/Gas Pay 3930'-58'	Tubing Depth 4210'
Perforations 3930'-58', 4108'-20', 4198'-4214'			Depth Casing Shoe 4330'
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE 7-7/8	CASING & TUBING SIZE 5-1/2"	DEPTH SET 4330'	SACKS CEMENT
	2-3/8"	4210'	

## 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 5/1/83	Date of Test 5/2/83	Producing Method (Flow, pump, gas lift, etc.) pump	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 60 Bbls.	Oil - Bbls. 60 Bbls.	Water - Bbls. 0	Gas - MCF 40 MCF

## GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, 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.

*W. S. Shultz*  
(Signature)  
*Vice President*  
(Title)  
5/3/83  
(Date)

## OIL CONSERVATION DIVISION

APPROVED MAY 5 1983, 19BY 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 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 Form C-104 must be filed for each pool in multiple completed wells.

RECEIVED

MAY 4 1983

C.C.D.  
HOLDS OFFICE