Submit 5 Copies Appropriate District Office	State of New Mexico Energy, Minerals and Natural Resources Department					Form C-104	
<u>DISTRICT I</u> P.O. Bux 1980, Hobos, NM 88240			-		Revised 1-1-89 See Instructions at Bottom of Page		
DISTRICT II P.O. Erawer DD, Anesia, NM 88210	OIL CONSERVAT P.O. Box 2 Santa Fe, New Mexic)N	•	
DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 8741					7.7.0.		
I. Operator	TO TR	ANSPORT OI	L AND NA	TURAL G	AS		
Lynx Petroleum Consultants, Inc.				Well API No. 30-025-04201			
Address P. O. Box 1979						-023-04201	
Reason(s) for Filing (Check proper box, New Well)	88241	Οսի	er (Please expl			
Recompletion		Transporter of: Dry Ges					
Change in Operator II If change of operator give name Co	Casinghead Gas						
II. DESCRIPTION OF WELI	noco Inc. 10	J Desta D	rive, S	uite 10	0 W,	Midland, TX 79705	
Leave Name Reed Sanderson Un	Well No	Pool Name, Includ Eumont-Y		Rivers-	Kind Sease	l of Lease Lease No. XBEOEDOOR Fee	
Location Unit LetterE	. 1980	Queen	North	66	<u>_</u>	Waat	
	•	Feet From The		and		Seet From TheLine	
Section 10 Towns		Range 36		мрм,		Lea County	
III. DESIGNATION OF TRA Name of Authorized Transporter of Oil	or Conden	IL AND NATU			hie		
ARCO Pipe Line Company			Address (Give and ress to which approved copy of this form is to be sent) 200 ARCO Place, Independence, KS 6730				
Warren Petroleum	1 Petroleum Company			Address (Give address to which approved copy of this form is to be sent) BOX 1589, Tulsa, OK 74102			
If well produces oil or liquids, give location of tanks.	Unit Soc.	Twp. Rgc.			When	and the second	
If this production is commingled with the IV. COMPLETION DATA	t from any other lease or	pool, give comming	ling order numb	жг	I		
Designate Type of Completion		Gas Well	New Well	Workover	Deepen	Plug Back Same Res'v Diff Res'v	
Duie Spudded	Date Compl. Ready to Prod.		Total Depth P.B			P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth	
rioratioas							
						Depth Casing Shoe	
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE		CEMENTING RECORD)		
						SACKS CEMENT	
V. TEST DATA AND REQUE	ST FOR ALLOWA	BLE		· · · · · · · · · · · · · · · · · · ·			
			be equal to or a	exceed top allow	wable for thi	s depth or be for full 24 hours.)	
			Producing Met	hod (Flow, pun	np, gas lýt, e	eic.)	
Leagth of Test	Tubing Pressure		Casing Pressure			Choke Size	
Actual Prod. During Test	Oil - Bbls.		Wuter - Bbis			Gas- MCF	
GAS WELL							
Actual Prod. Test - MCF/D	Leagth of Test		Bbls. Condensate/MNICF			Gravity of Condensate	
coung Method (pirot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)			Choke Size	
I. OPERATOR CERTIFIC	CATE OF COMPL	LIANCE					
I hereby certify that the rules and regu- Division have been complied with and is true and complete to the best of my	that the information give	ation n above				ATION DIVISION JUL 17 '92	
			Date Approved				
lignature			By ORIGINAL SIGNED BY JERRY SEXTON DISTRIGT I SUPERVISOR				
Signature			By	DIET	NOT I PIT		
Signature Gary W. Fonay	Vice-Pres	sident					
Signature	392-6950	the second se				BRVISOR	

d well must be accompanied by tabulation of deviation tests taken in accordance Request for allowable for heavy drafted or deepence were made or decompanies by dec

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