

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1. OPERATOR	
Lynx Petroleum Consultants, Incorporated	
Address P.O. Box 1666, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Other (Please explain) CASINGHEAD GAS MUST NOT BE FLARED AFTER 9-3-84 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.
Change in Ownership <input type="checkbox"/>	
If change of ownership give name and address of previous owner _____	

II. DESCRIPTION OF WELL AND LEASE

Lease Name State 15	Well No. 2	Pool Name, Including Formation Eumont Y-7R-Qn	Kind of Lease State, Federal or Fee State	Lease No. LG-3732
Location Unit Letter <u>J</u> : <u>1650</u> Feet From The <u>South</u> Line and <u>1650</u> Feet From The <u>East</u>				
Line of Section <u>15</u> Township <u>19S</u> Range <u>36E</u> , NMPM, Lea Coun				

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input 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, New Mexico 88240					
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 0	Sec. 15	Twp. 19S	Rge. 36E	Is gas actually connected? NO	When
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 checked="" 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 5-15-84	Date Compl. Ready to Prod. 7/2/84		Total Depth 4400		P.B.T.D. 4284			
Elevations (DF, RKB, RT, CR, etc.) 3763 DF	Name of Producing Formation Queen/Penrose		Top Oil/Gas Pay 4236-44		Tubing Depth 4275			
Perforations 4236-44 (9 shots)					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 12 1/4	CASING & TUBING SIZE 8 5/8" 24# K-55		DEPTH SET 1548		SACKS CEMENT 800			
7-7/8	5 1/2" 15# K-55		4400		800			
	2 7/8" J-55							

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 oil
able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 7/3/84	Date of Test 7/6/84	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure 15 psi	Casing Pressure 15psi	Choke Size ---
Actual Prod. During Test 21	Oil-Bbls. 18	Water-Bbls. 3	Gas-MCF TSTM

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	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.

Larry W. Fonay
(Signature)
Vice President
(Title)
July 19, 1984
(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 24 1984, 19____
BY Eddie W. Seay
TITLE Oil & Gas Inspector

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deep
well, this form must be accompanied by a tabulation of the device
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for all
wells on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of ow
well name or number, or transporter, or other such change of conditSeparate Forms C-104 must be filed for each pool in mult
completed wells.

RECEIVED

JUL 23 1984

OFFICE
HUMAN RESOURCES