| STATE OF NEW MEXICO<br>ENERGY AND MINERALS DEPARTMENT   | · · ·   |
|---|---|
|   | Form C-104  |
| DISTRIBUTION  | ATION DIVISION Format 06-01-63  |
|   | Page 1  |
|   |   |
| LAND OFFICE   | V MEXICO 87501  |
| TRANSPORTER DIL   |   |
| OAS DECUEST CO  | R ALLOWABLE   |
|   | ND  |
|   | PORT OIL AND NATURAL GAS  |
| J.<br>Operator  | ONT OIL AND NATURAL GAS   |
| Lynx Petroleum Consultants Inc  |   |
| P. O. Box 1666, Hobbs, NM 88241   Resson(s) for filing (Check proper box)   New Well Change in Transporter of:   Recompletion Oil Dry Gas   X Change in Ownership Casinghead Gas Condensate |   |
| If change of ownership give name Conoco, Inc., P. O. Box 460, Hobbs, NM 88241   |   |
| II. DESCRIPTION OF WELL AND LEASE   |   |
| Lease Name Well No. Pool Name, Including Fo   | ormation Kind of Lease  |
| Eumont Hardy Unit 22 Eumont(Yates   | -7Rvrs-Queen State, Federal or Fee State  |
| Location  | Jarro Queen Jarro State   |
| Unit Letter 0 : 660 Feet From The South Line and 1980 Feet From The East  |   |
| Line of Section 36 Township 20S Range   | 37E, NMPM, Lea County   |
| III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL  | GAS   |
| Nome of Authorized Transporter of Oli A or Condensate Address (Give address to which approved conv of this form is to be cartil   |   |
|   |   |
| Name of Authorized Transporter of Casinghead Gas \Lambda or Dry Gas   | P. O. Box 1910, Midland, TX 79702<br>Address (Give address to which approved copy of this form is to be sent) |
| Warren Petroleum  |   |
| P. O. Box 1589, Tulsa, OK 74102   |   |

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

16

Twp.

20S

Rge.

: 37E

is gas actually connected?

Yes

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.

I

| H. Fray        |  |
|----------------|--|
| (Signature)    |  |
| Vice-President |  |
| (Tile)         |  |
| 09/25/86       |  |
| (Date)         |  |

| Ĺ        | JIL CUNSERVATION DIVISION       |
|----------|---------------------------------|
| APPROVED | SEP 3 0 1986                    |
|          | ORIGINAL SIGNED BY HEREY SEXTON |
|          | DISTRICT I SUPERVISOR           |

When

2 31 71

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 wall 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 Forms C-104 must be filed for each pool in multiply completed wells.