## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

96. 60 CAPIGG SEC			
DISTRIBUTION			
BANTA FE			
FILE			L
U.8.q.4.			
LAND OFFICE			
TRANSPORTER	OIL		
	BAD		
OPERATOR			
PROMATION OFFICE		I	Ι

## OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

)per at or	
Lynx Petroleum Consultants, Inc.	
Address	
P. O. Box 1666, Hobbs, NM 88241	Other (Please explain)
leason(s) for filing (Check proper box)	Other (Please explain)
New Well Change in Transporter of:	
Recompletion Oil Dry	Gas
X Change in Ownership Casinghead Gas Con	densate
	000/1
change of ownership give name Conoco, Inc., P. O. B	Box 460, Hobbs, NM 88241
nd address of previous owner	LC-031696 (B)
I. DESCRIPTION OF WELL AND LEASE	
	mation
Eumont Hardy Unit 15 Eumont (Yates-	-7Rvrs-Queen Slate, Federal or Fee Federal
	i di
Location  L : 1980 Feet From The South Line	and 600 Feet From The WEST
Unit Letter E : 1700 Feet From The	- I
Line of Section 31 Township 20S Range	38E, NMPM, Lea County
Name of Authorized Transporter of Casinghead Gas or Dry Gas	Address (Give address to which approved copy of this form is to be sent)  Is gas actually connected?  When  give commingling order number:
NOTE: Complete Parts IV and V on reverse side if necessary.	
OIL CONSERVATION DIVISION	
VI. CERTIFICATE OF COMPLIANCE	
I hereby certify that the rules and regulations of the Oil Conservation Division have	APPROVED
been complied with and that the information given is true and complete to the best of	BY ORIGINAL SIGNISD BY MEDDY SEXTON
my knowledge and belief.	DISTRICT I SUPERVISOR
	TITLE
y I	This form is to be filed in compliance with MULE 1104.
// timen/	at this to a sequent for allowable for a newly drilled or deepened
(Signature)	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
Vice-President	All sections of this form must be filled out completely for allow
(Title)	i able on new and recompleted wells.
09/25/86	mus and parties to the and VI for changes of owner.
(Date)	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.

