Submit 5 Copies Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Anesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 I.	State of New Mexico Energy, Minerals and Natural Resources Department OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS							Form C Revised See Inst at Botto	1-1-89
Lynx Petroleur	n Consulta	nts, I	nc.			₩ell 2	API No.		
P.O. Box 1979, Hobbs, NM 88241 Reason(s) for Filing (Check proper bax) Other (Please explain)									
New Well Recompletion Change in Operator If change of operator give name and address of previous operator		a Transporter Dry Gas Condensate							
II. DESCRIPTION OF WELL AND LEASE									
Lesse Name Nancy	Well No. Pool Name, Including Formation K						d of Lease No. Sy Dédérallior Fee		
Location Unit LetterN	. 660 Feet From The South 1980 - West								
Section 24 Township 21S Range 37E NMPM, Lea County									
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS									
Conoco	X or Condensate			Address (Giv 10 De:	e <i>address 10 wl</i> sta Dr.	uch approved #550	copy of this for	rm is to be set	w) X 79705
Name of Authorized Transporter of Casing	ghead Gas 🔀 or Dry Gas 🗔			Address (Giv	e address 10 wi	rich approved	copy of this fo	rm is to be set	x 1910. w)
<u>Texaco</u> If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp.					?		
If this production is commingled with that from any other lease or pool, give commingling order number: DHC-673									
Designate Type of Completion		U Gas	Well	New Well	Workover	Deepica	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready	io Prod.		Total Depth		I	P.B.T.D.	L	I
Elevations (DF. RKB, KT, GR, esc.)	RKB, RT, GR, stc.) Name of Producing Formation				Pay		Tubing Depth		
Perforations							Depth Casing Shoe		
	TUBING, CASING AND			CEMENTI	NG RECOR	D			
HOLE SIZE	CASING & TUBING SIZE			<u></u>	DEPTH SET		SACKS CEMENT		
V. TEST DATA AND REQUES OIL WELL (Test must be after re				h			•		
Date Fina New Oil Run To Tank	covery 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 of Test Producing Method (Flow, pump, gas lift, etc.)								<u>s.)</u>
Length of Test	Tubing Pressure			Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gas- MCF		
GAS WELL	d								
Actual Prod. Test - MCF/D	Leagth of Test			Bbls. Condensate/MMCF			Gravity of Condensate		
Testing Method (pilot, buck pr.)	Tubiag Pressure (Shut-ia)			Casing Pressure (Shut-ia)			Choke Size		
VI. OPERATOR 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. Marc L. Wise President Printed Name Title				OIL CONSERVATION DIVISION Date Approved					
11/17/92 Date	Title	-							

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

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1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

All sections of this form must be filled out for allowable on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

4) Separate Form C-104 must be filed for each pool in multiply completed wells.