State of New Mexico

Form C-104

5 Copies

Di rici I PO Box 1904, Bobbs, NM \$2241-1900 Revised February 10, 1994 Instructions on back District II PO Drawer DD, Artesia, NM 88211-9719 OIL CONSERVATION DIVISION Submit to Appropriate District Office PO Box 2088 Santa Fe, NM 87504-2088 District III 1000 Rio Brazos Rd., Azene, NM 87410 AMENDED REPORT Diaria IV PO Box 2008, Santa Fe, NM 87594-2008 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT Operator name and Address OGRED Nember 133862. Aspen Pumping 33 West Blevins Road CHANGE OF OPERATOR Artesia, NM 88210 Effective 5/1/98 Pool Name Pool Cade ' API Number Chaves Queen Gas Area SE Assoc. 30 - 005-21016 12110 Wall Number Property Name Property Code 3475 Walters "B" Federal 10 Surface Location North/South Line Fost from the East/West East Ul or lot so. | Section Range Lot.1da Feet from the County 1980 North 1200 West. Chaves 34 13S 30E 11 Bottom Hole Location North/South Lac East/West Las Towaship Feet from the Feet from the Ceasty UL or lot so. Section 1908 1200 30E North West Chaves 34 13S 11 Las Code " Producing Method Code " Gas Connection Date 15 C-129 Permit Number " C-129 Effective Date 11 C-129 Expiration Date No Gas-Vented F Oil and Gas Transporters III. " POD 2 POD ULSTR Location " Transporter Name 3 O/G Transporter OGRID and Description 0979210 0 015694 Navajo Refining Company P O Drawer 159 Artesia, NM 88211-0159 IV. Produced Water " POD ULSTR Location and Description B POD Well Completion Data מד יי " Ready Date Spud Date * PRID " Perforations " Hole Size " Casing & Tubing Size Depth Set M Sacks Coment VI. Well Test Data " Gas Delivery Date Date New Oil " Test Date " Test Length " The Pressure " Cag. Pressure " Choke Size " Oil d Water * Cm " AOF " Test Method " I bereby certify that the rules of the Oil Conservation Division have been complied with sad that the information given above is true and complete to the best of my OIL CONSERVATION DIVISION knowledge and belief. Signature.

Printed name: FIELD REPRESENTATIVE I Tide: Approval Date: 01 Phone (505) 6-15-98 246-3462 " If this is a change of operator fill in the OGRID number and name of the previous operator Frostman Oil Corporation 4/29/98 Clarence Forister President Previous Operator Signature Printed Name

tout

Submit 5 Copies Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240

Energy, Minerals and Natural Resources Department

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bmit 5 Copies propriate District Office STRICT I	State of Nonerals and Nation		Form C-104 Revised 1-1-89 See Instructions			
). Box 1980, Hobbs, NM 88240	OIL CONSERVA	ATION DIVISION	VIO 14:	at Bottom of Page		
STRICT II D. Drawer DD, Artesia, NM 88210	P.O. Bo Santa Fe, New M	ATION DIVISION ox 2088 exico 87504-2088	NSER'S VED	,		
TRICT III O Rio Brazos Rd., Aziec, NM 87410	REQUEST FOR ALLOWAE	BLE AND AUTHORIZATA	B MA PS NO	12		
	TO TRANSPORT OIL	AND NATURAL GAS	Her C.			
erator			Well API No.			
Frostman Oil Corpor	cation		30-005-2101	6		
P. O. Drawer W. Ar	tesia, NM 88211-7522	Other (Blasses Line)				
ason(s) for Filing (Check proper box) w Well	Change in Transporter of:	Other (Please explain)				
completion	Oil Dry Gas					
ange in Operator	Casinghead Gas Condensate	Effecti	lve 4/1/92			
hange of operator give name address of previous operator	Happy Oil Company Inc.,	P. O. Drawer W, Art	esia, NM 882	11=7522		
DESCRIPTION OF WELL	AND LEASE			•		
ase Name	Well No. Pool Name, Includ	ling Formation	Kind of Lease	Lease No.		
Walters "B" Federa	1 1 SE ChavesQ	ueen GasArea Assoc.	State, Federal or Fee	NM-18501		
Unit Letter <u>E</u>	: 1980 Feet From The N	orth Line and 1200	Feet From The	West Line		
Section 34 Towns	hip 13S Range 3	OE , NMPM,	Chaves	County		
I. DESIGNATION OF TRA	NSPORTER OF OIL AND NATU	JRAL GAS				
ame of Authorized Transporter of Oil	XX or Condensate	Address (Give address to which a	pproved copy of this form	is to be sent)		
Navajo Refining Co		P. O. Drawer 159,	Artesia, NM	88210		
ame of Authorized Transporter of Casi	inghead Gas or Dry Gas	Address (Give address to which a)	oproved copy of this form	ı is to be sent)		
well produces oil or liquids, e location of tanks.	Unit Sec. Twp. Rge.	ls gas actually connected?	When ?			
	at from any other lease or pool, give comming	No- gas vented				
. COMPLETION DATA		74				
Designate Type of Completion	Oil Well Gas Well	New Well Workover De	oepen Plug Back Sa	me Res'v Diff Res'v		
ale Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
evations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
erforations	**************************************		Depth Casing S	Shoe		
	TUBING, CASING AND	CEMENTING RECORD				
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SA	CKS CEMENT		
TEST DATA AND REQUI	EST FOR ALLOWABLE r recovery of total volume of load oil and mus	et he sound to an exceed too allowable	- for this doubt on he for	6.11.24 barras		
ate First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, g	- 	juit 24 nours.)		
and a C Ward	(Cabina Danasa	Casing Pressure	Choke Size	***************************************		
ength of Test	Tubing Pressure	Casing Picesorie	Choke Size	Gas- MCF		
ctual Prod. During Test	Oil - Bbls.	Water - Bbis.	Gas- MCF			
GAS WELL		***************************************		· · · · · · · · · · · · · · · · · · ·		
ctual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Cor	idensate		
sting Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
Y ODDD A MOD COD	O ATT OF COLOR IN TAXOS					
I. OPERATOR CERTIFI I hereby certify that the rules and rep	ICATE OF COMPLIANCE	OIL CONS	ERVATION D	IVISION		
Division have been complied with a	nd that the information given above		APR 21			
is true and complete to the best of m	y knowledge and belief.	Date Approved	MIN WI	-		
() 1 +						
Signature Signature	<u> </u>	By Joen	post si	>		
Jackie Forister	Production Clerk		of 1 SUPERVI	SOR		
4/15 <i>1</i> 92	746-3344	Title				
Date	Telephone No.	41				

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

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) 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.

inbmit 5 Copies Appropriate District Office Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Revised 1-1-895 10 N REC at Bottom of Page

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088 Santa Fe. New Mexico 87504-2088

OIL CONSERVATION DIVISION

'91 JUN A AM 10 02

DISTRICT III 1000 Rio Brazos Rd., Azlec, NM 87410	REOL	IEST EC		OWAR		AUTHORIZ	'ATION	01 -			
I.						TURAL GA					
Operator								LPI No.			
Happy Oil Company Inc	2.						30-	005-210	16		
P O Drawer W, Artesia	a, NM	88211-	0629								
Reason(s) for Filing (Check proper box)					Othe	et (Please explai	in)	,			
New Well	O)	Change in	Transpor Dry Gas	_	ef	fectivi	U 5-1	-91			
Recompletion Change in Operator	Oil Casinghea	$\overline{}$	Condens		DU						
If change of coerator give name					O Drawe	er W. Art	esia, N	M 8821	1-0629		
II. DESCRIPTION OF WELL	AND LE		D1 N-	Y14			1				
Lease Name		Well No.			ng Formation	as Area A	Conta	of Lease. Federal or Fee		Lease No. NM-18501	
Walters "B" Federal			J SE C	naves	Queen Ga	is Alea A	354	7000 D	10C81-MN 1		
Unit LetterE	: 19	980	Feet Fre	om TheN	orth Line	and1	200 Fe	et From The	West	Line	
Section 34 Township	139	5	Range	30	E, NA	мрм,		Ch	aves	County	
III. DESIGNATION OF TRAN	SPORTE			NATU							
Name of Authorized Transporter of Oil	XX	or Conden	sate			e address to wh					
Navajo Refining Compa			or Dry	Con [wer 159.					
Name of Authorized Transporter of Casing	mead Cas	LJ	Of Diy		Address (Gr)	e address to wh	ich approved	copy of this je	orm is to be sen	u)	
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 34	Twp. 13S	: -	is gas actually No- gas	y connected? s vented	When	?			
If this production is commingled with that	from any ot	her lease or	pool, giv								
IV. COMPLETION DATA						·					
Designate Type of Completion	- (X)	Oil Well		Bas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		pl. Ready to	Prod.		Total Depth	1		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas	Pay		Tubing Depth			
Perforations				• • • • • • • • • • • • • • • • • • • •	<u> </u>			Depth Casing Shoe			
		TIBING	CASIR	IG AND	CEMENTI	NG RECOR	<u> </u>				
HOLE SIZE		SING & TU				DEPTH SET			SACKS CEME	NT	
	ļ							ļ			
V. TEST DATA AND REQUES	T FOR	ALLOW	ABLE		1						
OIL WELL (Test must be after re				oil and must	be equal to or	exceed top allo	wable for thi	is depth or be j	for full 24 hour	s.)	
Date First New Oil Run To Tank	Date of Te					ethod (Flow, pu					
Length of Test	Tubing Pr	essure			Casing Pressu	ıre .		Choke Size			
Actual Prod. During Test	Oil - Bbls				Water - Bbls.	•	, 5	Gas- MCF			
GAS WELL	<u> </u>				1						
Actual Prod. Test - MCF/D	Length of	Test			Bbls. Conden	sate/MMCF		Gravity of C	Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Press	ure (Shut-in)		Choke Size			
VI. OPERATOR CERTIFIC				CE		OIL CON	ISERV	ATION	DIVISIO	N	
I hereby certify that the rules and regul Division have been complied with and is true and complete to the best of my	that the info	ormation giv		ı			Á	AAY 8 (Å	
					Date	Approve	d		NO!		
Signature	-				By_		Tal			<u>- </u>	
Jackie Forister Printed Name	P	roducti	on C	lerk_	Title	G	eologis	曾			
5/22/91	7،	46-3344									
Date	_	Tele	ephone N	lo.	H						

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

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
 3) 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.

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

ION DIVISION

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION EIVED

P.O. Box 2088

AM 9 57 Santa Fe, New Mexico 87504-2088 29

DISTRICT III

/ / / / / / / / / / / / / / / / / / /						AUTHORIZ					
I. Operator		IO IRA	NSPC	OH I OIL	AND NA	TURAL GA		Pl No.			
FROSTMAN OIL CORPORA	TION							-00521016			
Address P. O. Drawer W, Arte		8821	<u> </u>								
Reason(s) for Filing (Check proper box)	STO / IVIII	0021	<u> </u>		Oth	et (Please expla	in)				
New Well		Change in	•					•			
Recompletion	Oil	片	Dry Ga								
If above of operator give name	Casinghea		Conden								
and address of previous operatorB1	son Pet	roteum	Corr	p., 58	09 South	<u>Western</u>	, Ste.	200, Amar	illo,	Tx. 79110-	
II. DESCRIPTION OF WELL	AND LE		Ta							-	
Lease Name Walters "B" Federal		Well No.	1		ng Formation		Ctate (f Lease Federal or Fee		ase No.	
Location		L	1.36. (Haves	Queen G	as Area A	ssq.	****	I NM-1	8501	
Unit LetterE	_ :19	80	Feet Fr	om The	Northin	and120)O Fe	et From The	West	Line	
Section 34 Townsh	ip T13	ıs	Range	R30E	. NI	мрм,	Chav	- PG		County	
2	110	<u></u>		11001	<u> </u>	V4.5 4V-24	Citav			County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		or Conden		D NATU							
Navajo Refining Co.	X	or Conden	isate		ı		• •	copy of this form esia, NM		•	
Name of Authorized Transporter of Casin	ghead Gas	. · [1] • · ·	or Dry	Gas 🔃	Address (Giv	e address to:wh	ich approved	copy of this form	is to be se	nt) · . · · par	
To an il and invide	1 77-24	Sec.	Twp.	1 8	Is gas actuall		1 220				
If well produces oil or liquids, give location of tanks.	Unit	34	135	Rge.	1 '	as_vented	When	7			
Minis production is commingled with that	from any oth	ner lease or									
W. COMPLETION DATA		lou w. u		7 397-11	γ	1 347 .				<u></u>	
Designate Type of Completion	- (X)	Oil Well		Gas Weil	New Well	Workover	Deepen 	Plug Back Sa	me Kes'v	Diff Res'v	
Date Spudded	١ .	pl. Ready to	Prod.		Total Depth			P.B.T.D.			
2-16-85 Elevations (DF, RKB, RT, GR, etc.)		3-2-85 Producing Fo	ormation	1 4 V 4 L	Top Oil/Gas	2200 ' MD Top Oil/Gas Pay			2163GL Tubing Depth		
3875 DF	· · · · · · · · · · · · · · · · · · ·				2136 -	- 46 MD		2128 MD			
Perforations								Depth Casing S	hoe		
2136-46	7	TIRING	CASII	NG AND	CEMENT	NG RECOR	D				
HOLE SIZE		SING & TU			DEPTH SET			SAC	CKS CEMI	ENT	
					"						
	 										
	1										
V. TEST DATA AND REQUE											
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Te		oj ioaa i	ou ana musi		ethod (Flow, pu			<u>риі 24 пош</u>	rs.)	
						•					
Length of Test	Tubing Pre	essure			Casing Press) LG		Choke Size	•		
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.		Gas- MCF		:		
GAS WELL	· · · · · · · · · · · · · · · · · · ·										
Actual Prod. Test - MCF/D	Length of	Test			Bbls. Conder	Isate/MMCF		Gravity of Con	densate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	ATE OF	COME	LIAN	NCE	1	N. A.S.					
I hereby certify that the rules and regu						OIL CON	ISERV	ATION D		_ :	
Division have been complied with and is true and complete to the best of my	that the info knowledge a	mnauon giv ind belief.	en above			A	_	MAR 2'	7 1991	J	
OO	1	A			Date	Approve	g	· · · · · · · · · · · · · · · · · · ·			
Clauny_	Jour	<u> </u>			Bv_	Ha	uf 1	The new			
Signature Clarence Forister		P	resid	dent	-			alamine	<u> </u>		
Printed Name	1		Title		Title		G 80	ologist			
_3/23/90 Date	(50) 5) 746 Tek	_334 phone N	<u>4</u> б.							

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