	STATE OF NEW MEXICO	- ^ -			Form C-104 Revised 10		
ENE	RGY AND MINERALS DEPARTMENT	OIL CONSERVA	TION DIV SI	RECEIVED BY			
	DISTRIBUTION	р. О. ВО: Santa Fe, New	~ 2000				
	JANTA FE	SANIA PE, NEW	MEXICO	JAN 7 1985			
	U.S.U.B.	REQUEST FOR	ALLOWABLE	O. C. D.			
	AND ARTESIA, CELOR AUTHORIZATION TO TRANSPORT OIL AND NATURAL CAS						
1.	PROMATION OFFICE						
	FROSTMAN OIL CORPORATION						
	P.O. BOX 161, ARTESIA, NM 88210						
	Reason(s) for filing (Check proper box) Other (Please explain) Change in Transporter of:						
	New Well	Change of Operator					
	Change in Ownership X Casinghead Gais 🕅 Condensate						
	If change of ownership give name	Ralph Nix, P.O. Box	617, Artesia,	NM 88210			
	and address of previous events						
Π.	DESCRIPTION OF WELL AND I	EASE Well No. Pool Name, Including Fo	, Imallon	Kind of Lease		Lease No.	
	Seanna	1 Bullseye San	Andres	State, Federal or Fee	Fee		
	Location	Page North 990 East					
	Unit Letter A ; 33	Unit Letter A ;Feet from the End and					
	Line of Section 12 T. enship 8S Range 28E , NMPM, Chaves County						
- 1	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	<u>S</u>		- (this form in to	he costi	
	Nome of Authorized Transporter of Cil	XX of Condensate					
	Navajo Refining Company Name of Authorized Transporter of Casinghead Gas 🕱 or Dry Gas		P.O. BOX 159, Artesia, NM 88210 Address (Give address to which approved copy of this form is to be sent)				
	Liquid Energy Corpo	P.O. Box 4000, The Woodlands, TX 77387					
	If well produces oil or liquids, give location of tanks. A 12 85 28E Yes 09/11/81						
	If this production is commingled wit			r number:			
	COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen Plug E	Back Same Res	v. Dill. Res'v.	
	Designate Type of Completio			P.B.T	1 	ł	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth				
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubin	g Depth		
			1	Depth	Casing Shoe		
	Perforations						
	TUBING, CASING, AN		CEMENTING RECORD		SACKS CEMENT		
	HOLE SIZE						
•	TEST DATA AND REQUEST FO	'EST DATA AND REQUEST FOR ALLOWABLE. (Test must be after recovery of total volume of load oil and must be equal to or exceed top all able for this depth or be for full 24 hours)					
	OIL WELL Date First New Oil Run To Tanks	Producing Method (Flo	w, pump, gas lift, etc.)				
		The December	Casing Pressure	Chok	• SIZO POST	ID-3-	
	Length of Test	Tubing Pressure		Gas •		8-84	
	Actual Prod. During Test	Oil-Bble.	Water-Bbla.		MCF F	In Up.	
	GAS WELL		Bbis. Condenagte/MMC	CF Grovi	ity of Condensate		
	Actual Prod. Test-MCF/D	Length of Test					
	Teating Method (pitor, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (5bu	t-in) Chok	e Size		
				CONSERVATION	DIVISION		
	. CERTIFICATE OF COMPLIAN			FEB 0 1/ 1984			
	I hereby certify that the rules and a Division have been complied with	APPROVEDOriginal Signed By					
	Division have been complied with above is true and complete to the	BY Loslie A. Clements Supervisor District II					
	$\cdot \land \land$				E 1104.		
	(IVanni		This form is to be filed in compliance with MULE 1104. If this is a request for allowable for a newly drilled or deepene well, this form must be accompanied by a tabulation of the deviation well, this form must be accompanied by a tabulation of the deviation				
	- (falenul -	well, this form mu	st be accompanied of well in accordance	with NULE 11	1.		
		All sections of this form must be filled out completely for allow					
	01	11	Fill out only Sections 1, 11, 111, and VI for changes of owner well users or number, or transporter, or other such change of condition				
		Separate Forma C-104 must be filed for each pool in multipl					
	,		enmpleted wells.				