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Appropriate District Office
DISTRICT 1
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DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

## State of New Mexico Energy, Minerals and Natural Resources Department

RECEIVED Form C-104 Revised 1-1-89

FEB 1 3 1992See Instructions
at Bottom of Page O. C. D.

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

perator							1	Well Al	ri No.		
FROSIMAN OIL CORPORATION							l				
P. O. Drawer W, Artesia, NM	1 88211	<b>-</b> 7522									
eason(s) for Filing (Check proper box)					Othe	t (Please explo	in)				
lew Well		Change in		_							
ecompletion $\Box$	Oil		Dry G								
hange in Operator	Casinghea	d Gas	Conde	nsate 🗌							
change of operator give name d address of previous operator		<u>.</u>			<del></del>		· · · ·				
. DESCRIPTION OF WELL A	ND LE									<del></del>	
case Name		Well No.		Name, Includin	•			Kind of Lease State, Federal of Fee		, l	ease No.
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ocation						_					
Unit LetterA	: <u>330</u>	<u> </u>	. Fea F	from The $\frac{1}{2}$	brth Lim	and	990	Fee	a From The .	East	Line
	0.5			2011				a.	aves		_
Section 12 Township	, 8S		Range	28E	, NI	MPM,		U k	aves		County
	CDADMI	CD OF O	YT A 3	NA WATER	DAT CAS						
I. DESIGNATION OF TRANS  lame of Authorized Transporter of Oil		or Conder		ND NATU	Address (Giv	e address to w	hich a	porowed	come of this f	orm is to be s	ent)
	XX				1	ox 8249, Ro	-	-			-,
Pueblo Petroleum Inc.  lame of Authorized Transporter of Caring	head Can		or De	y Gas	<del> </del>	oz49; N. e address to w					ent)
name or Authorized Transporter of Casing	useau Vae	- []	G DI	,			<b>u</b> j	-p- 0 -54	ן נשחו נט ניקט-		,
f well and was all as liquids	Unit	Sec.	Twp.	Pos	ls gas actuali	v connected?		When	7		<del></del>
f well produces oil or liquids, ve location of tanks.	l A	1 3 <b>6</b> 0.	1 8S	: -	No.	,		<b>~</b> 			
this production is commingled with that f						ber:		L			<del></del>
V. COMPLETION DATA	au y C	read UI	frank E	,	p						
V. COMEDETION DATA		Oil Wel	1 1	Gas Well	New Well	Workover	<u> </u>	оерев	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completion	- (X)		· .			İ	i	,		i	i
Date Spudded		npl. Ready t	o Prod.		Total Depth	<u></u>			P.B.T.D.	.1	L
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay				Tubing Depth		
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation					1 .	•					
	1				ľ						
erforations	<u> </u>				<u></u>		<del></del>		Depth Casi	ng Shoe	
erforations	<u> </u>			<u> </u>		<del></del>	<del></del>		Depth Casi	ng Shoe	· · · · · · · · · · · · · · · · · · ·
Perforations		THRING	. CAS	SING AND	CEMENTI	ING RECO	RD		Depth Casi	ng Shoe	
					CEMENT	ING RECO			Depth Casi	ng Shoe	MENT
Perforations HOLE SIZE		TUBING ASING & T			CEMENTI	ING RECOI			Depth Casi		AENT
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HOLE SIZE	C	ASING & T	UBING	3 SIZE	CEMENTI				Depth Casi		AENT
HOLE SIZE  V. TEST DATA AND REQUE:	ST FOR	ASING & T	VABL	S SIZE		DEPTH SE	<u>T</u>	le for th		SACKS CEN	
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HOLE SIZE  V. TEST DATA AND REQUES  OIL WELL (Test must be after t	ST FOR recovery of	ASING & T	VABL	S SIZE	i be equal to a	DEPTH SE	Illowab		is depth or be	SACKS CEN	
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HOLE SIZE  V. TEST DATA AND REQUESTIVE OIL WELL (Test must be after to Date First New Oil Run To Tank  Length of Test  Actual Prod. During Test  GAS WELL  Actual Prod. Test - MCF/D  Testing Method (pitot, back pr.)  VI. OPERATOR CERTIFIC  I hereby certify that the rules and regulation have been complied with and is true and complete to the best of my  Signature	ST FOR recovery of Date of Tubing I Oil - Bb	ALLOW  I total volum  Test  Pressure  Is.  Pressure (St  OF CON  the Oil Con  information is and belief	VABLE of local line of local l	E ad oil and mus	Bbls. Cond. Casing Pres.  Bbls. Cond. Casing Pres.  Bbls. Cond.  By	DEPTH SE  or exceed top a  dethod (Flow,  aure  ensate/MMCF  soure (Shut-in)  OIL CC  te Approx	DNS ved	ERV	is depth or beetc.) Choke Siz Gas- MCF Gravity of Choke Siz ATION FEB 1	SACKS CEN  e for full 24 ho  e  f Condensate  UE  9 1992	nurs.)
HOLE SIZE  V. TEST DATA AND REQUESTIVE Test must be after to Date First New Oil Run To Tank  Length of Test  Actual Prod. During Test  GAS WELL  Actual Prod. Test - MCF/D  Testing Method (pion, back pr.)  VI. OPERATOR CERTIFIC  I hereby certify that the rules and regulation have been complied with and is true and complete to the best of my  Signature  Jackie Forcister	ST FOR recovery of Date of Tubing I Oil - Bb	ALLOW  Solal volum  Test  Pressure  Is.  Pressure (Si  OF CON  the Oil Con  information i	VABLE of local line of local l	ANCE	Bbls. Cond. Casing Pres.  Bbls. Cond. Casing Pres.  Bbls. Cond.  By	DEPTH SE  or exceed top a  dethod (Flow,  aure  ensate/MMCF  soure (Shut-in)  OIL CC  te Approx	DNS ved	ERV	is depth or beetc.) Choke Siz Gas- MCF Gravity of Choke Siz ATION FEB 1	SACKS CEN  e for full 24 ho  e  f Condensate  UE  9 1992	nurs.)
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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.
- 2) Till out only Castions I II III and VI for changes of operator, well name or number, transporter, or other such changes.