

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

OIL CONSERVATION DIVISION
 P.O. Box 2088
 Santa Fe, New Mexico 87504-2088

RECEIVED

DISTRICT III
 1000 Rio Brazos Rd., Aztec, NM 87410

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
 TO TRANSPORT OIL AND NATURAL GAS**

APR 5 '90

BT
 37563

I.

Operator FROSTMAN OIL CORPORATION	Well API No. O. C. D. ARTESIA, OFFICE
Address P. O. Drawer W, Artesia, NM 88210	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Seanna	Well No. 2	Pool Name, Including Formation Bullseye San Andres	Kind of Lease State, Federal or Fee XXX	Lease No.
Location Unit Letter H : 1650 Feet From The North Line and 330 Feet From The East Line Section 12 Township 8S Range 28E , NMPM, Chaves County				

III. DESCRIPTION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate ENRON Oil & Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2267, Midland, TX 79702
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas Liquid Energy Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 4000, The Woodlands, TX 77387
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When?
	A 12 8S 28E Yes 09/11/81

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug back	Same Resy	Diff Resy
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery 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 First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (Flow, back test)	Tubing Pressure (psi)	Casing Pressure (psi)	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.

Signature
Jackie Forister Production Clerk
 Printed Name Title
 4/05/90 (505) 746-3344
 Date Phone No.

OIL CONSERVATION DIVISION

Date Approved **APR 6 1990**

By **ORIGINAL SIGNED BY
 MIKE WILLIAMS**
 Title **SUPERVISOR, DISTRICT II**

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

- 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 IV for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each gas oil in multiply completed wells.