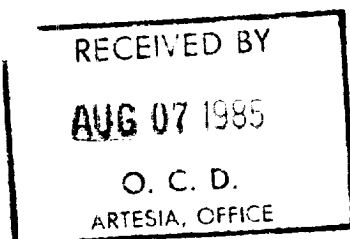


STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Frostman Oil Corporation

Address P. O. Drawer W, Artesia, NM 88210

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

Other (Please explain)
CASINGHEAD GAS MUST NOT BE
FLARED AFTER 9-27-85
UNLESS AN EXCEPTION FROM
THE B. L. M. IS OBTAINED

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lessee Name <u>CT Federal</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Round Tank San Andres</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>NM25635</u>
Location Unit Letter <u>B</u> : <u>660</u> Feet From The <u>North</u> Line and <u>2310</u> Feet From The <u>East</u> Line of Section <u>23</u> Township <u>15-S</u> Range <u>28-E</u> , NMPM, <u>Chaves</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Navajo Crude Oil Purchasing Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Drawer 159, Artesia, NM 88210</u>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Phillips Petroleum Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>Bartlesville, OK 74004</u> <u>Post ID-2</u>	
If well produces oil or liquids, give location of tanks. Unit <u>B</u> Sec. <u>23</u> Twp. <u>15</u> Rge. <u>28</u>	Is gas actually connected? <u>No</u>	When <u>8-30-85</u> <u>Camp & BK</u>

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

FROSTMAN OIL CORPORATION

Clarence Forister
(Signature)
President
August 7, 1985
(Date)

OIL CONSERVATION DIVISION

APPROVED AUG 26 1985, 19 _____
BY _____ Original Signed By
Les A. Clements
TITLE _____ Supervisor District II

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X							
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
6/27/85	7/23/85		3200'			3120'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
3712.7 GR	San Andres		2677'			3040'			
Perforations		Depth Casing Shoe							
2677' 78' 87' 2724' 33' 53' 2863' 70' 81' 82' 2940' 63' 94'									
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
12-1/4"	8-5/8"		171'			100 Class "C", Cir.			
						10 Sxs to pit			
7-7/8"	4-1/2"		3200'			550 Hal. Igr. 200 CI "C"			
	2-3/8"		3040'						

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
8/5/85	8/6/85	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24			
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	55	25 - frac water	75

GOR 1364.1

GAS WELL		Bbls. Condensate/MMCF		Gravity of Condensate
Actual Prod. Test - MCF/D	Length of Test			
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	