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	RECEIVED BY			
STATE OF NEW MEXICO	DEC 27 1985			
ENERGY NO MINERALS DEPARTMENT	O, C. D.			rm C-104 wheed 10-01-78
			f.	mat 06-01-83 de 1
	ARTESIA, OFFICE	TION DIVISIO		Gert
Pile SANTA FE, NEW MEXICO 87501				
TRANSPORTER OIL REQUEST FOR ALLOWABLE				
AND				
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
FROSTMAN OIL CORPORATION				
Address				
P. O. DRAWER W, ARTESIA, NEW MEXICO 88210				
Rousen(s) for filing (Check proper boa)				
Here Well	Change in Transporter ef:	Ges CHANGE	OF OPERATOR AND	D OWNERSHIP
Change in Ownership		densule		
If change of ownership give note HAPPY OIL COMPANY, INC., P. Q. BOX 770, ARTESIA, NM 88210				
II. DESCRIPTION OF WELL AND	Vell No. Pool Name, Including Fa	motion	Kind of Leose	Levee No.
Lasse None	THETTER VANTES SE		State, Federal or Fee St.	ate <u>B-2071</u>
GILLESPIE STATE				
Unit Letter C : 330 Feet From The North Line and 2310 Feet From The West				
Unit Letter		1		County
Line of Section 27 Tound	ohlp <u>175</u> Range	28E	<u> </u>	
THE REAL OF TRANSPORTER OF OIL AND NATURAL GAS				
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
NAVATO REFINING COMP	P. O. Drawe	r 159, Artesia	s form is to be sent)	
NAVAJO REFINING COMPANY P. O. Drawer 139. ALLESIDE Mitteres in which approved copy of this form is to be sent. Neme of Authorized Transporter of Casinghand Gas er Dry Gas Address (Give address to which approved copy of this form is to be sent)				
	Unit , Sec. Twp. Ree.	te gas actually connec	ied? , When	
It well produces all at liquids, it give location of tanks.	C 27 175 28E		I	
If this production is comminged with			number:	
				fosted ID-3
NOTE: Complete Parts IV and V		CONSERVATION DIVIS	chg. of Op. 510N 1-10-86	
VI. CERTIFICATE OF COMPLIANCE		a	JAN 101986	
the second and an end the second		APPROVED	JAN TU 1900	
been complied with and that the information	Origin	nal Signed By		
my knowledge and belief.		ke Williams		
	Gas Inspector			
FROSTMAN OIL CORPO	This form is to be filed in compliance with RULE 1184.			
By: (Nauny	If this is a request for silowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation			
	Il sansa taken en the	well to econesice with	MULE III	
Clarence Forister, P	All sections of able on new and ?	f this form must be filled (ecompleted wells.	Lat Cambialaid in allow-	
October 18, 1985		Reations 1 11 111 and V	I for changes of ewner,	
UCLOBER 18, 1985	I well name or numb	er, er transporten er etner e	ACU CURURA AL CALOLITON	
(Deter) Beparate Forma C-104 must be filed for each pool in multi completed wells.				