STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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| TRANSPORTER | OIL | ✓ |
| | GAS | ✓ |
| OPERATOR | ✓ | |
| PRORATION OFFICE | | |

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

# OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

RECEIVED BY
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O. C. D.
ARTESIA, OFFICE

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

I.

Operator: FROSTMAN OIL CORPORATION ✓

Address: P. O. BOX 161, ARTESIA, NM 88210

Reason(s) for filing (Check proper box)
- ☐ New Well
- ☐ Recompletion
- ☐ Change in Ownership
- Change in Transporter of: ☐ Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate
- Other (Please explain): CHANGE OF OPERATOR

If change of ownership give name and address of previous owner: Clarence Forister, P. O. Box 161, Artesia, NM 88210

II. DESCRIPTION OF WELL AND LEASE

| Lease Name | Well No. | Pool Name, Including Formation | Kind of Lease (State, Federal or Fee) | Lease No. |
|---|---|---|---|---|
| Wolf | 4 | E. Empire Yates, 7-River | Fee | |

Location: Unit Letter M : 990 Feet From The South Line and 990 Feet From The West

Line of Section 23 Township 17S Range 28E , NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| Name of Authorized Transporter of Oil ☒ or Condensate ☐ | Address (Give address to which approved copy of this form is to be sent) |
|---|---|
| Navajo Crude Oil Purchasing Company | P. O. Drawer 159, Artesia, NM 88210 |
| Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ | Address (Give address to which approved copy of this form is to be sent) |
| | Past ID-3 |

| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When |
|---|---|---|---|---|---|---|
| | M | 23 | 17S | 28E | | 3-8-85 |

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.

(Signature)

PRESIDENT
(Title)

February 12, 1985
(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 6 1985, 19____

BY Original Signed By
Leslie 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.