

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

Form C-104  
Revised 10-01-78  
Format 08-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
**FROSTMAN OIL CORPORATION**

Address  
**P. O. DRAWER W, ARTESIA, NEW MEXICO 88210**

Reason(s) for filling (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain) <b>CHANGE OF OPERATOR AND OWNERSHIP</b>
<input type="checkbox"/> Recombination	<input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas	
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner **HAPPY OIL COMPANY, INC., P. O. BOX 770, ARTESIA, NM 88210**

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>STATE B - 1111 TR. 2</b>	Well No. <b>15</b>	Pool Name, including Formation <b>Empire Yates Seven Rivers East</b>	Kind of Lease State, Federal or Fee <b>State</b>	Lease No. <b>B-1111</b>
Location Unit Letter <b>G</b> ; <b>2310</b> Feet From The <b>North</b> Line and <b>1650</b> Feet From The <b>East</b> Line of Section <b>22</b> Township <b>17 S</b> Range <b>28 E</b> , <b>NMPM</b> , <b>EDDY</b> 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"/> <b>NAVAJO REFINING COMPANY</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Drawer 159, Artesia, NM 88210</b>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit   Sec.   Twp.   Rge.   Is gas actually connected?   When
	<b>G   22   17S   28E</b>

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**

By: Clarence Forister  
(Signature)

**Clarence Forister, President**  
(Title)

**October 18, 1985**  
(Date)

OIL CONSERVATION DIVISION  
JAN 10 1986

Postal ID-3  
chg. of Op.  
1-10-86

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY Mike Williams  
Oil & Gas Inspector  
TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1100.

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.