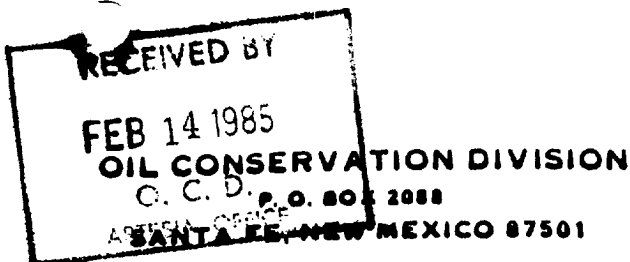


STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator FROSTMAN OIL CORPORATION		30-015-23653
Address P. O. BOX 161, ARTESIA, NM 88210		
Reason(s) for filing (Check proper box)		Other (Please explain)
☐ New Well	☐ Change in Transporter of:	CHANGE OF OPERATOR
☐ Recompletion	☐ Oil	
☐ Change in Ownership	☐ Coolinghead Gas	
	☐ Dry Gas	
	☐ Condensate	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Bear Draw	Well No. 1	Pool Name, including Formation Bear Draw Queen Grybg SA	Kind of Lease State, Federal or Fee	Lease No. Federal NM-15007
Location				
Unit Letter I	1980	Foot From The South	Line and 660	Foot From The East
Line of Section 28	Township 16S	Range 29E	NMPM	County Eddy

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

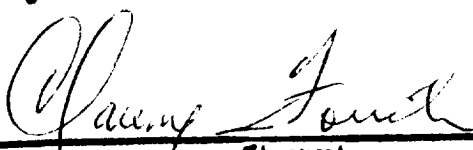
Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
Conoco Inc., Surface Transportation	P.O. Box 2587, Hobbs, NM 88240
Name of Authorized Transporter of Coolinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
Conoco Inc.	Rt. 12, Box 2805, Odessa, TX 79763
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit: I Sec: 28 Twp: 16S Rge: 29E	Yes 11/13/81

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 **FEB 19 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.

Post ID-3
3-22-85
Chg. Op. Name