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| | RECLIVED BY | ; | |
| | DEC 27 1985 | | |
| STATE OF NEW MEXICO | | | |
| ENERGY MO MINERALS DEPARTMENT | O. C. D. | Form C-1 Revised | |
| Dist a 10 UT 100 | ARTESIA, OFFICE | TION DIVISION Page 1 | |
| BANYA PO P. O. BOX 2088 | | | |
| SANTA FE, NEW MEXICO 87501 | | | |
| | | | |
| OAD OPERATOR | REQUEST FOR ALLOWABLE AND | | |
| AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS | | | |
| 1. Denreter | | | |
| FROSTMAN OIL CORPORATION | | | |
| Address . | | | |
| P. O. DRAWER W, ARTESIA, NEW MEXICO 88210 Resear(s) for filing (Check proper box) Other (Please explain) | | | |
| New Well | Change in Transporter of: | | |
| Recompletion | | CHANGE OF OPERATOR AND O | WNERSHIP |
| Change in Ownership | Cesinghoed Gas C | ondensete | J |
| If change of ownership give new HAPPY OIL COMPANY, INC., P. O. BOX 770, ARTESIA, NM 88210 | | | |
| and address of previous ownerHAPPY_OIL_COMPANY, INC., P. Q. BUX //U, AKTESTA, NH. 68210 | | | |
| II. DESCRIPTION OF WELL AND | LEASE | | Leces No. |
| Leese Neme | Well No. Pool Name, including F | Party Endouri as Eng | - |
| SRC STATE 1 East Empire Yates Seven Rivers State LG-5993 | | | |
| Unit LetterN : 330 Feet From TheSouthLine andFeet From TheWest | | | |
| | | 1 | County |
| Line of Section 23 Township 175 Range 28E , NMPM, EDDY County | | | |
| III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | | | |
| None of Authorized Transporter of OII 2 or Condensate | | | |
| NAVAJO REFINING COMPANY P. O. Drawer 159, Artesia, NM 88210 Name of Authorized Transporter of Cusinghood Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) | | | |
| | | , | |
| If well produces oil or liquids, 'U | nit Soc. Twp. Rge. | is gas actually connected? When | |
| give location of tanks. | N 23 175 28E | | |
| If this production is commingled with that from any other lease or pool, give commingling order number: | | | |
| NOTE: Complete Parts IV and V o | m reverse side if necessary. | | chg. of Op- |
| VI. CERTIFICATE OF COMPLIANCE | | OIL CONSERVATION DIVISION | 1-10-86 |
| I hereby certify that the rules and regulations | | JAN 101986 | |
| been complied with and that the information a | liven is true and complete to the best of | Original Signed By | |
| my knowledge and belief. | | Oil & Gas Inspector | |
| FROSTMAN OIL CORPORATION | | TITLE OIL at Cas inspec a | |
| III to The P | | This form is to be flied in compliance with at | |
| By i must be accompanied by a tabulation of the deviation | | | |
| Clarence Forister, President All sections of this form must be filled out completely for elle | | | 111. |
| (Tule) All socials of this form must be fulled out completed wells. | | | |
| October 18, 1985 (Dete) (Dete) (Dete) (Dete) (Dete) (Dete) | | | |
| Separate Forms C-104 must be filed for each pool in multiply | | | |
| | ļ | completed wells. | |