

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	☒
FILE	☒
U.S.D.A.	
LAND OFFICE	
TRANSPORTER	☒
OPERATOR	☒
PRODUCTION OFFICE	

RECEIVED BY
FEB 14 1985
OIL CONSERVATION DIVISION
ARTESIA, OFFICE
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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

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	☐ Change in Transporter oil	☐ Dry Gas
☐ Recompletion	☐ Oil	☐ Condensate
☐ Change in Ownership	☐ Coalbed Gas	

Other (Please explain)
CHANGE OF OPERATOR

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. 4	Pool Name, including Formation Bear Draw Queen Grybg SA	Kind of Lease Federal	Lease No. NM-15007
Location Unit Letter C : 660 Feet From The North Line and 2130 Feet From The West Line of Section 28 Township 16S Range 29E , NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Conoco Inc., Surface Transportation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2587, Hobbs, NM 88240
Name of Authorized Transporter of Coalbed Gas ☒ or Dry Gas ☐ Conoco Inc.	Address (Give address to which approved copy of this form is to be sent) Rt. 12, Box 2805, Odessa, TX 79763
If well produces oil or liquids, give location of tests. Unit B Sec. 28 Twp. 16S Rge. 29E	Is gas actually connected? Yes When 12/26/82

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.

Clarence Fouch
(Signature)

PRESIDENT

(Title)

February 12, 1985

(Date)

OIL CONSERVATION DIVISION

FEB 19 1985

APPROVED _____, IS _____

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
2-22-85
Lky Ap Name