STATE OF NEW MEXICO ENERGY MO MINERALS DEPARTMENT

DIST RIBUTION			
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LAND OFFICE			
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OIL CONSERVATION DIVISION

Form C-104 Revised 10-01-78 Format 06-01-63 Page 1

BANTA PB	P. O. BOX 2088 SANTA FE, NEW MEXICO 87501			
FIL8 4				
LAND OFFICE			RECEIVED BY	
TRAMPORTER DIL	REDUEST FOR ALLOWABLE		555 10 1000	
SPERATOR /			FEB 12 1986	
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			O. C. D.	
<u>I </u>			ARTESIA, OFFICE	
Operator			Anteon, Olivies	
FROSTMAN OIL	CORPORATION D	· . · · · · · · · · · · · · · · · · · ·		
	W, ARTESIA, NEW MEXI	co 88210		
Hospan(a) for liling (Check proper box		Other (Please explain)		
New Well	Change in Transporter of:			
Recompletion	[] OII [] D	CHANGE OF OPERATOR		
Change in Ownership	Casinghood Gas	andens sie		
II. DESCRIPTION OF WELL AN	JEM Resources, Inc., P.			
Loose Name	Well No. Pool Name, Including t	ia		
Cave Pool Unit	59 CAVE GRAYBURG	SAN ANDRES	State E-4200	
5	O Feet From The South Life	29E , NMPM,	EDDY County	
		-	•.	
III. DESIGNATION OF TRANS	PORTER OF OIL AND NATURA	L GAS	roved copy of this form is to be sent)	
Name of Authorized Transporter of Of		i '		
Navajo Crude Oil Pu		Address (Give address to which app	Artesia, NM 88210	
_	initial des [7] at 21, occ [7]	P. O. Box 2197, Housto		
Conoco Inc.	Unit Sec. Twp. Rge.		Yhen	
If well produces all or liquide, give location of tenks.	J 5 17S 29E	Yes	3/6/84	
	<u> </u>	<u></u>		
	ith that from any other lease or pool,		Posted ID-3	
NOTE: Complete Parts IV and	V on reverse side if necessary.	•	2-31-84	
		II OIL CONSERVA	ation division of edg.	
VI. CERTIFICATE OF COMPLLA	INCE	16	,	
I hereby certify that the rules and regular	tions of the Oil Conservation Division have	APPROVED FEB 14	1986	
been complied with and that the informat	tion given is true and complete to the best of	Original Signed By		
my knowledge and belief.	1.	Les A. Clement	S	
FROSTMAN OIL COR	POBATION	TITLESupervisor Distric		
(1)//	4	This form is to be filed it	s compliance with RULE 1184.	
(fairus _	Journ	If this is a request for all	ewable for a newly drilled or despens	
larence Forister 64	usture)	well, this form must be accom-	panied by a tabulation of the deviction	
	esident	toote taken on the well in acc	presence with MULE 111. Suct be filled out completely for allow	
	lelo)	able on new and recompleted		
January 6, 1986		Fill out only Sections L.	II. III. and VI for changes of ewner	
	010)	well name or number, or transpo	orten or other such change of condition	

well name or number, or transporter or other such change of condition.

Separate Forms C-104 must be filed fer each pool in multiply completed wells.