STATE OF NEW MEXICO

| ENERGY NO MINERALS DEPARTMEN | ग् |
|---|--|
| DISTRIBUTION | OIL CONSERVAT |
| SANTA FE | P. O. BOX |
| FILE U.S.G.A. LANG OFFICE | SANTA FE, NEW |
| TRAMSPORTER GAS | REQUEST FOR |
| PROBATION OFFICE | AND AUTHORIZATION TO TRANSPO |
| I | |
| Arapaho Oil an | ud Gas Inc |
| Address | |
| | Tatum, NM 88267 |
| Rossen(s) for filing (Check proper box) | |
| New Well | Change in Transporter of: |
| Recompletion | Cestnehead Gas Cond |
| Change in Ownership | Casinghead Gas Cond |
| If change of ownership give name | Frostman Oil Corpo |
| Cave State Lection Unit Letter C 3 | Well No. Phol Nume, Including 1 mg GRAY & URG JACKS 5 GRAY BURG 30 Feet From The North Line of |
| Line of Section / Tow | mehip 175 Range 2 |
| Name of Authorized Transporter of Con Name of Authorized Transporter of Con Conoco, INC. | PUrchasing |
| | Unii Sec. Twp. Rge. I |
| | h that from any other lease or pool, gi |
| The production of the same of | on reverse side if necessary. |
| VI. CERTIFICATE OF COMPLIAN | NCE |
| I hereby certify that the rules and regulation been complied with and that the information my knowledge and belief. | ns of the Oil Conservation Division have n given is true and complete to the best of |
| Arapaho OII and & | as, iNc. |
| La S. P. | |
| XXX CXXXII | <u>u</u> |
| Rex Glenn Pres | ident |
| (Tule | 1000 |

TION DIVISION 2088

MEXICO 87501

Form C-104 Revised 10-01-78 Format 06-01-83 RECEIVED

ALLOWABLE

JUL 15'88

Separate Forms C-104 must be filed for each pool in multiple completed wells.

| PRODATION OFFICE | | | ND | | 5 ~ ~ |
|---|--|------------------------|----------------------------|--|---|
| [. | AUTHORIZ | ATION TO TRANS | PORT OIL AND NATURA | | D. C. D. Esia, office |
| Operator | <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u> | | | , A.A.). | LIGHT, OFFICE |
| Arapaho Oil | and Gas, In | c. V | | · . | |
| Address D. C. | W - 6 | . 00067 | | | |
| P.O. Box 682 Reason(s) for filing (Check proper) | | . 88267 | Other (Please es | -Jain | |
| Mester(s) to tilling (Check proper) | | ransporter of: | Other (Fienze es | p(ain) | |
| Recompletion | | _ | ry Gos Chan | ge of Operator | |
| Change in Ownership | Casingh | eced Gos 🔲 Co | ondensate | 8 operator | |
| | | | | | |
| f change of ownership give named and address of provious sweet | Frostm | ian Oil Cort | poration | | |
| • • • • • • • • • • • • • • • • • • • | ANIIN I IZ A CIZ | | | | |
| I. DESCRIPTION OF WELL A | Well No. P | nol Nume, Including ! | GON SR-P- | nd of Locas | Leuse No |
| Cave State | 5 e | RAYDUKG CHCI | CG SAN ANDRES | ele, Federal or Fee Stat | B-1166 |
| Leastion | | | | | • |
| Unit Letter C | 330 Feet From | The North Lir | ne and 1650 | Feet From The West | |
| | | , | | | |
| Line of Section 4 | Township 175 | Range | 29E , NMPM, | EDDy | County |
| IL DESIGNATION OF TRAN Mens of Authorised Transporter of "Navajo Crude Oi | OH 🔀 —— er Cond 1 PUrchasin | leneute []] S | P.O. Drawer. | hich approved copy of this p 159, Artesia, N | м 88210 |
| Name of Authorized Transporter of Conoco, INc. | Caeinghead Gae 🗂 🖰 | or Dry Gas | 1 | Aich apploved copy 8/24.18) 7, Houston, Tx | |
| | Unii Sec. | Twp. Rge. | Is gas actually connected? | | . ,,,,,,, |
| If well produces oil or liquids, give location of tanks. | C 4 | 17S 29E | y e s | 5/30/84 | TOST ID |
| f this production is commingled | with that from any | ther lease or pool, | give commingling order no | ımberı | 7-22- |
| NOTE: Complete Parts IV an | d V on reverse side | e if necessary. | | | 7-22 Ulig ap |
| | | | II | | 0 |
| VI. CERTIFICATE OF COMPLIANCE | | | | ISERVATION DIVISION | IN |
| I hereby certify that the rules and regulations of the Oil Conservation Division have | | | APPROVED | JUL 1 9 1988 | 19 |
| een complied with and that the inform | ation given is true and c | omplete to the best of | 1 i | ginal Bigned By | |
| y knowledge and belief. | | | | Alke Williams | |
| Arapaho OII and | Sas, iNc. | | TITLE CA | 🗓 Gas Inspector | |
| | / | | This fam is to be | filed in compliance with | |
| The Ale | w | | | for allowable for a gowl | |
| Rev Glenn | matwe) | | well, this form must be | accompanied by a tabula | tion of the deviation |
| Pr | esident | | _ | i in accordance with AU; I form must be filled out: | |
| / \ | Tule) | | able on new and recom | | rembiataik tot stior |
| | 4,1988 | | | lone 1. II. III. and VI fo | |
| U U U | Date) | į į | well name of number, of | transporter or other such | change of condition |