

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	<input type="checkbox"/>

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 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)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain)  
Change of Operator

If change of ownership give name and address of previous owner: RAY WESTALL, P.O. Box 4, Loco Hills, NM 88245

II. DESCRIPTION OF WELL AND LEASE

Lessee Name Denton Federal	Well No. 2	Pool Name, including Formation Trky Tr 7 Rvrs Qn Gry Brg	Kind of Lease State, Federal or Fee Federal	Lease No. C067132
Location Unit Letter <u>K</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>2080</u> Feet From The <u>West</u> Line of Section <u>27</u> Township <u>18-S</u> Range <u>29-E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining Company	Address (Give address to which approved copy of this form is to be sent) P. O. Drawer 159, Artesia, NM 88210
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) Bartlesville, OK 74004
If well produces oil or liquids, give location of tanks. Unit <u>C</u> Sec. <u>27</u> Twp. <u>18S</u> Rge. <u>29E</u>	Is gas actually connected? <u>YES</u> When <u>7-20-81</u>

If this production is commingled with that from any other lease or pool, give commingling order number: Post ID-3 5-22-85 8 kg. bp.

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)

January 31, 1985

(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 21 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.