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TRANSPORTER	OIL	
	GAS	
OPERATOR		1
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
RECEIVED

Form C-104
Supersedes Old C-104 and C-11
Effective 1-1-65

JAN 29 1979

Operator **Frostman Oil Corp.** **ARTESIA, OFFICE**

Address **PO Box 161, Artesia, New Mexico 88210**

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	Change in name of Operator and Ownership from Mewbourne Oil Company effective Jan. 1, 1979.
Recompletion ☐	
Change in Ownership ☒	
Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐	

If change of ownership give name and address of previous owner **Mewbourne Oil Co., 330 Citizens Bank Bldg., Tyler, Texas**

DESCRIPTION OF WELL AND LEASE		Kind of Lease Federal	Lease No.
Lease Name Shugart 18-Queen Unit	Well No. 4 Pool Name, including Formation Shugart (Y SR Q G)	State, Federal or Fee	NM-0263393
Location			
Unit Letter I	330 Feet From The E Line and 1650 Feet From The S		
Line of Section 13	Township 18 S	Range 30 E	County Eddy

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil ☐ or Condensate ☐ Water Injection Well.			
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Since Res't.	Full Res't.
Designate Type of Completion - (X)									
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.				
Elevations (DE, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay			Tubing Depth				
Perforations					Depth Casing Shoe				

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)			
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (flow, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE	OIL CONSERVATION COMMISSION
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.	JAN 30 1979
Paula J. Smith (Signature) President (Title) Jan 24, 1979 (Date)	APPROVED W. A. Gussett BY W. A. Gussett TITLE OIL AND GAS INSPECTOR
	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 available tests taken on the well in accordance with RULE 111. All portions 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 ownership, name or number, or transporter, or other such change of conditions.