

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-01-78
Format 06-01-83
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DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL <input checked="" type="checkbox"/> GAS <input checked="" type="checkbox"/>
OPERATOR	
PRODUCTION OFFICE	

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

RECEIVED BY
FEB 12 1986
O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
FROSTMAN OIL CORPORATION

Address
P. O. DRAWER W, ARTESIA, NEW MEXICO 88210

Reason(s) for filing (Check proper box)
 New Well
 Recompletion
 Change in Ownership
 Change in Transporter of:
 Oil
 casinghead Gas
 Dry Gas
 Condensate
 Other (Please explain)
CHANGE OF OPERATOR

If change of ownership give name and address of previous owner JEM Resources, Inc., P. O. Box 648, Artesia, NM 88210

II. DESCRIPTION OF WELL AND LEASE

Lease Name Diamond State	Well No. 1	Pool Name, including Formation CAVE GRAYBURG SAN ANDRES	Kind of Lease State, Federal or Fee	State State	Lease No. B-11662
Location Unit Letter <u>O</u> ; <u>330</u> Feet From The <u>South</u> Line and <u>2310</u> Feet From The <u>East</u> Line of Section <u>4</u> Township <u>17S</u> Range <u>29E</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 Crude Oil Purchasing	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"/> Conoco Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2197, Houston, TX 77001
If well produces oil or liquids, give location of tanks. Unit <u>O</u> Sec. <u>4</u> Twp. <u>17S</u> Rge. <u>29E</u>	Is gas actually connected? <u>Yes</u> When <u>5/29/84</u>

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.

FROSTMAN OIL CORPORATION
Clarence Forister (Signature)
President
January 6, 1986 (Date)

OIL CONSERVATION DIVISION
FEB 14 1986
APPROVED _____, 19____
BY Les 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.