

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

Form C-104
Revised 10-01-78
Formal 05-01-83
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RECEIVED BY
FEB 13 1985
O. C. D.
ARTESIA, OFFICE
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
FROSTMAN OIL CORPORATION ✓

Address
P. O. BOX 161, ARTESIA, NM 88210

Reason(s) for filing (Check proper box)

☐ New Well	☐ Change in Transporter oil	☐ Dry Gas
☐ Recompletion	☐ Oil	☐ Condensate
☐ Change in Ownership	☐ Casinghead Gas	

Other (Please explain)
CHANGE OF OPERATOR

If change of ownership give name and address of previous owner **Clarence Forister**, P. O. Box 161, Artesia, NM 88210

II. DESCRIPTION OF WELL AND LEASE

Lease Name Wolf	Well No. 3	Pool Name, including Formation E. Empire Yates, 7-River	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter M : 330 Feet From The South Line and 990 Feet From The West Line of Section 23 Township 17S Range 28E NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Navajo Crude Oil Purchasing 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 ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent) Post ID-3
If well produces oil or liquids, give location of tanks. Unit M Sec. 23 Twp. 17S Rge. 28E	Is gas actually connected? When 3-8-85 Chg. Rpt.

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.


(Signature)
PRESIDENT
(Title)
February 12, 1985
(Date)

OIL CONSERVATION DIVISION

APPROVED **MAR 6 1985**, IS _____
BY _____ Original Signed By
LEON A. CLEMENTS
Supervisor District II
TITLE _____

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.