

Submit 3 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator

Frostman Oil Corporation

Well API No.

30-005-20427

Address

P.O. Drawer W, Artesia, New Mexico 88210

Reason(s) for Filing (Check proper box)

New Well

☐

Recompletion

☐

Change in Operator

☒

Change in Transporter of:

Oil

☐

Casinghead Gas

☐

Dry Gas

☐

Condensate

☐

☐ Other (Please explain)

Effective date: April 1, 1992

If change of operator give name and address of previous operator

Bison Petroleum Corporation, 5809 S. Western Ste. 200, Amarillo, TX 79110

II. DESCRIPTION OF WELL AND LEASE

Lease Name

Duncan Federal

Well No.

1

Pool Name, Including Formation

Chaves Queen Gas Area Assoc. SE

Kind of Lease

State, Federal or Free

Lease No.

NM-1535-A

Location

Unit Letter

F

:

1980

Feet From The

North

Line and

1980

Feet From The

West

Line

Section

8

Township

13-S

Range

31-E

, NMPM,

Chaves

County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil

☐

or Condensate

☐

Address (Give address to which approved copy of this form is to be sent)

Name of Authorized Transporter of Casinghead Gas

☐

or Dry Gas

☒

Address (Give address to which approved copy of this form is to be sent)

2626 Cole Ave. Ste. 300, Dallas, Texas 75204

If well produces oil or liquids, give location of tanks.

Unit

Sec.

Twsp.

Rge.

Is gas actually connected?

When ?

yes

3/76

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

IV. COMPLETION DATA

Designate Type of Completion - (X)

☐

Oil Well

☐

Gas Well

☐

New Well

☐

Workover

☐

Deepen

☐

Plug Back

☐

Same Res'v

☐

Diff Res'v

☐

Date Spudded

Date Compl. Ready to Prod.

Total Depth

P.B.T.D.

Elevations (DF, 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

V. 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 Tank

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/MMCF

Gravity of Condensate

Testing Method (pilot, back pr.)

Tubing Pressure (Shut-in)

Casing Pressure (Shut-in)

Choke Size

VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

FROSTMAN OIL CORPORATION

BY: Clarence Forister

Signature

Clarence Forister

President

Printed Name

4/15/92

(505) 746-3344

Date

Telephone No.

OIL CONSERVATION DIVISION

Date Approved APR 21 '92

By ORIGINAL SIGNED BY JERRY SEXTON

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

2) All sections of this form must be filled out for allowable on new and recompleted wells.

3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

4) Separate Form C-104 must be filed for each pool in multiply completed wells.

RECEIVED

APR 20 1992

OCD HOBBS OFFICE