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

## State of New Mexico Enerby, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

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

OIL CONSERVATION DIVISION P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

000 Rio Brazos Rd., Aztec, NM 87410							AUTHORIZ FURAL GA	S		<u>,</u>			
Operator								Well API No.					
Frostman Oil Corporat	tion		<u>-</u>			<del> </del>		3	0-005-20	)430			
Address	<b>ND</b> (	00211	06.2	00									
P O Drawer W, Artesia Reason(s) for Filing (Check proper box)	a, NM	<u>88211-</u>	-062	.9		Othe	et (Please explo	in)					
New Well		Change in	Trans	sporter	of:	_	•	·					
Recompletion	Oil		Dry	Gas									
Change in Operator	Casinghead			densate									
•			Cor	por	ation	, 5809	S. Weste	rn #200,	Amaril	lo, TX 7	9110		
I. DESCRIPTION OF WELL	AND LEA								Kind of Lease Lease No.				
Lease Name						en Gas Area Ass. SE State, F			Brochskoc Est				
Bell State Com Location	1	1	1 (1	lave	S Que	en oas i	arca noo	. 54		<u> </u>	·		
Unit LetterL	_ : <u>1</u>	980	_ Fect	From	The _S	outh Lin	e and6	60 Fe	et From The	West	Line		
Section 16 Township	, NMPM, Ch			aves	aves County								
			Ran										
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTE	or Conde		ND	NATUI	RAL GAS Address (Giv	ve address to w	hich approved	copy of this f	orm is to be ser	u)		
ame of Authorized Transporter of Casinghead Gas or Dry Gas						Address (Give address to which approved copy of this form is to be sent)							
The Maple Gas Corpor If well produces oil or liquids,	Sec. Twp.			Rge.	2626 Cole Avenue #300, ls gas actually connected? When?				4				
If well produces on or inquids, give location of tanks.	Unit	,		r !	**B**	Yes			3/76	<u> </u>			
If this production is commingled with that	from any oth	er lease of	pool,	give o	commingli		ber:						
IV. COMPLETION DATA													
Designate Type of Completion	- (X)	Oil Wel	11	Gas	Well	New Well	Workover	Deepen	<u>i</u>	Same Res'v	Diff Res'v		
Date Spudded	Date Com	Date Compl. Ready to Prod.					Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of P	Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations								<del></del>	Depth Casi	Depth Casing Shoe			
									<u> </u>	<u></u> .			
	TUBING, CASING AND								· · · · · · · · · · · · · · · · · · ·				
HOLE SIZE	CA	CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT			
									<del> </del>				
	+												
V. TEST DATA AND REQUE	ST FOR	ALLOW	ABI	LE	-,	1			····				
OIL WELL (Test must be after	recovery of 1	otal volum	e of la	oad oil	and must	be equal to o	exceed top a	lowable for th	is depth or be	for full 24 hou	vs.)		
Date First New Oil Run To Tank								Producing Method (Flow, pump, gas lift, etc.)					
Length of Test	Tuhing Pr	Tubing Pressure					aure		Choke Size	Choke Size			
rengal or tow	. soing ?								-	Gas- MCF			
Actual Prod. During Test	Oil - Bbls	Oil - Bbls.					Water - Bbls.			Gas- MCr			
CASWELL						1							
GAS WELL Actual Prod. Test - MCF/D	Length of	Length of Test					Bbis. Condensate/MMCF			Gravity of Condensate			
America 1 con 1 con 11201/2													
Testing Method (pitot, back pr.)	Tubing P	Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	CATE O	F COM	IPL:	IAN	CE		01.00	NCEDY	ATION	DIVISIO	)NI		
I hereby certify that the rules and reg	ulations of th	e Oil Con	servati	ion		1	_						
Division have been complied with an is true and complete to the best of my	d that the inf	ormation g	given a	above		Dat	te Approv	ed	M/A	1 5 198	31		
(* , ) - 1													
rade Lante						By	ORIG	NAL SIGN	<u> 10 av 7.7</u>	<u>ar sexton</u> T	l'		
Signature  Jackie Forister	Prod	luctio	ո	lerk	ــــــــــــــــــــــــــــــــــــــ			915*A CT	100.80	* ************************************			
Printed Name			T	ille		Titl	e						
_5/02/91	(50	)5) 74	6-3	344 one No	<u> </u>								
Date		1	ciebix	URBE INC									

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.

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