

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-104
Revised 10-01-78
Format 06-01-83
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NO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.A.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
OPERATION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
FROSTMAN OIL CORPORATION

Address
P. O. BOX 161, ARTESIA, NM 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 Bison Petroleum Corp., 203 W. 8th, Suite 510, Amarillo, TX 79101

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal 9	Well No. 1	Pool Name, including Formation Vest Ranch Queen Assoc.	Kind of Lease State, Federal or Fee Federal	Lease No. NM-0109856-A
Location Unit Letter B : 660 Feet From The North Line and 2310 Feet From The East Line of Section 9 Township 14S Range 30E , NMPM, Chaves 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"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183, Houston, TX 77001
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 F/G Sec. 9 Twp. 14S Rge. 30E	Is gas actually connected? <input type="checkbox"/> When

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

By: *Clarence Smith*
(Signature)

President

(Title)

February 18, 1985

(Date)

OIL CONSERVATION DIVISION

FEB 22 1985

APPROVED _____, 19____

BY ORIGINAL SIGNED BY JERRY ELLISON

DISTRICT I SUPERVISOR

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.

4-11-85
1-22-85

RECEIVED

FEB 21 1985

O.C.D.
HOLDS OFFICE