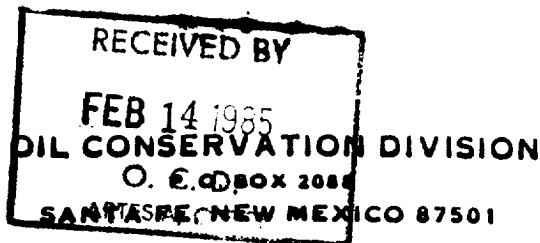


STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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Form C-104  
Revised 10-01-78  
Formal 08-01-83  
Page 1

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)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Coolinghead Gas	

Other (Please explain)  
**CHANGE OF OPERATOR**

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Sabine Federal</b>	Well No. <b>1</b>	Pool Name, including Formation <b>SE Chaves-Qn. Gas Area</b>	Kind of Lease State, Federal or Fee Fed. <b>NM-31114</b>
Location Unit Letter <b>K</b> : <b>1980</b> Feet From The <b>South</b> Line and <b>1980</b> Feet From The <b>West</b> Line of Section <b>5</b> Township <b>13S</b> Range <b>31E</b> , NMPM, <b>Chaves</b> County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <b>NONE</b>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Coolinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Cabot Pipeline Corporation</b>	Address (Give address to which approved copy of this form is to be sent) <b>7120 I-40 West, Amarillo, TX 79106</b>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When <b>Yes</b> <b>11/17/81</b>

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.



**PRESIDENT**

**February 12, 1985**

(Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED **FEB 18 1985**, 19  
BY **ORIGINAL SIGNED BY JERRY SEXTON**  
TITLE **DISTRICT 1 SUPERVISOR**

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.

RECEIVED

FEB 18 1985

O.C.D.  
HOBBS OFFICE