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

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

Form C-104 Revised 1-1-89

**OIL CONSERVATION DIVISION** 

P.O. Box 2088

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

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

Santa Fe, New Mexico 87504-2088

000 Rio Brazos Rd., Azzec, NM 87410		—				AUTHORIZ TURAL GA		TION	,			
perator								Well API No.				
Frostman Oil Corpora					0-005-2	)-005-20900						
<b>Adres</b> Post Office Drawer W	V. Artesia.	NM :	882	211_062	a							
esson(s) for Filing (Check proper box)		LAL'I	002	.11-002		es (Please expl	ain)					
low Well		age in Tra	•									
ecompletion	Oil Casinghead Ga	`	y Gar nden:	-								
change of operator give name						<del></del>						
d address of previous operator Joh	nn S. Goodr	ich.	<b>40</b> 0	00 Nort	h Big S	oring, Su	uit	e 109	, Midla	nd, TX	79705	
L DESCRIPTION OF WELL										<del></del>		
weti No. Pool Name, Includi					Queen Gas Area Assoc				of Lease Federal or Fe	Lease No.  ederal or Fee  XXXX  NM—16819		
Williams Federal			<u> </u>	naves	QueenG	as Area /	ASS	sac	XXXX	NM~_	16819	
Unit Letter H	: 1980	Fe	et Pro	om The _N	orth Lin	e and <u>660</u>		Fe	et From The .	East	Line	
Section 8 Township 13-S Range 31-					E , <b>NMPM</b> ,				C	Chaves County		
Section 8 Towns	мр 13 0		uge	<u> </u>	114	WIT IVI,				naves	County	
II. DESIGNATION OF TRA				D NATU						<del></del>	<del></del>	
lame of Authorized Transporter of Oil	or 9	Condensate	В		Address (Gil	e address to w	hich	approved	copy of thus j	orm is to be s	ent)	
Name of Authorized Transporter of Cas	ms of Authorized Transporter of Casinghead Gas or Dry Gas				Address (Give address to which approved copy of this form is to be sent)						ent)	
The Maple Gas Corpor					2626 Cole Avenue, Suite					allas, '	rx 75204	
f well produces oil or liquids, ive location of tanks.	Unit   Sec	. Tv	<b>vp</b> .	Rge.	1 -			When	7/01/89			
this production is commingled with the	at from any other le	ase or poo	d, giv	e comming	ing order num				//01/69			
V. COMPLETION DATA												
Designate Type of Completion	n - (X)	il Well	i	Gas Well	New Well	Workover	<u> </u>	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	pudded Date Compl. Ready to Prod.				Total Depth				P.B.T.D.			
Devations (DF, RKB, RT, GR, etc.)	tions (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay				Tubing Depth		
Perforations									Depth Casing Shoe			
	ти	RING. C	ASI	NG AND	CEMENT	NG RECO	RD			<del></del>		
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT		
<del></del>						<del></del>			-			
			····-									
V. TEST DATA AND REQU												
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Test	volume of	load	oil and mus		r exceed top al lethod (Flow, p				for full 24 ho	ws.)	
Office Little Licea Cut With 10 1star	Date of Tex				Trouberng I			, 9m2 . <b>y</b> .,	••••			
Longth of Test	Tubing Pressu	Tubing Pressure			Casing Pressure				Choke Size	Choke Size		
Assuel Brod Thising Test	and Bood Throng Test				Water - Bbls.				Gas- MCF			
Actual Prod. During Test	Oil - Bbls.	OH - BOIS.										
GAS WELL									<u> </u>			
Actual Prod. Test - MCF/D	Length of Tes	l			Bbis. Conde	asste/MMCF		·····	Gravity of	Condensate		
		(M. d N				Casing Pressure (Shut-in)				Choke Size		
Testing Method (pitot, back pr.)	Tubing Pressu	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				6		
VL OPERATOR CERTIF	ICATE OF C	OMPL	JA	NCE		011 00	N 1 4	, E E .	/ATIOL:	DAMO	O	
I hereby certify that the rules and re	gulations of the Oil	Conservat	tion			OIL CO	N	SERV	AHON	DIVISI	ON	
Division have been complied with a is true and complete to the best of n			abov	<b>/</b> e								
	.,				Dat	e Approv	ed					
Nach i Lu	: li				D.	ť,	s. ş	e ( , ) (4	sillating in the	• <b>*</b> :37, *•;		
Signature			<b>.</b>		By.				U Y		<del></del>	
Jackie Forister	-		Age Tille	ME TO	Tall	θ						
12/17/90	(50	5)_74	6-3	344		<del></del>						
Date	,	Teleph	9000	No.	11							

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.

DEC 1 9 1993

HOBBE UNTILE