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

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

State of New Mexico Enery - Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

I.	REQI					ATUA ON						
TO TRANSPORT OIL						Well API No.						
Frostman Oil Corporation						30-005-210						
Address												
P. O. Drawer W. Ar Reason(s) for Filing (Check proper box)	tesia, l	NM 882	211-7	7522		Other (Plea						
New Well		Change in	Transp	onter of:	ليا	Outer (Fied	се ехра	ain)				
Recompletion	Oil		Dry G	ias 🗌								
Change in Operator	Casinghe	ad Gas	Conde	ensate [			Eff	ective	4/1/92			
If change of operator give name and address of previous operator	Happy (	Dil Com	nans	.Inc	P. Ω	Drawe	r W	Artesi	a, NM 8	9211.75	2.2	
II. DESCRIPTION OF WELI				,,			<del></del>	-AL (ESI	<del>a, mio</del>	0211-71	<i></i>	
Lease Name Well No. Pool Name, Including						ing Formation Kind c				of Lease No.		
									, Federal or Fed			
Location			~			<u> </u>	Aos	UL.		N <sub>1</sub>	10301	
Unit Letter E	:	1980	. Feet F	rom The N	orth	_ Line and _	120	0F	eet From The	West	Line	
Section 34 Towns	nip	135	Range	3	0E	, NMPM,		C	haves		County	
III. DESIGNATION OF TRA	NSPORTE	ER OF O	IL AN	ND NATU	RAL G	AS						
Name of Authorized Transporter of Oil	XX	or Conden	sale		Address	(Give addre	55 10 W	hich approve	d copy of this f	orm is to be se	:nt)	
Navajo Refining Company						P. O. Drawer 159, Artesia, NM 88210						
Name of Authorized Transporter of Casinghead Gas or Dry Gas						Address (Give address to which approved copy of this form is to be sent)						
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge	ls gas a	ctually conne	cted?	When	n ?			
give location of tanks.		_ L	<u> </u>		No-	_gas vei		:	- •			
If this production is commingled with the	at from any other	her lease or	pool, g	ive comming	ling order	number:						
IV. COMPLETION DATA		Oil Well	<del></del>	Gas Well	Niew V	W-11 1 W- 4		1 5	1		<b>-</b> ,	
Designate Type of Completio	n - (X)	On wen		Oas Well	New	Well   Work 	over	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Com	pl. Ready to	Prod.	<del></del>	Total D	epth		.L	P.B.T.D.	l	٠	
Et (DE DVD DE CO					- A.						_	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					1 op Oil	/Gas Pay			Tubing Dep	Tubing Depth		
Perforations									Depth Casing Shoe			
										.B		
	TUBING, CASING AND					CEMENTING RECORD						
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET					SACKS CEMENT		
V. TEST DATA AND REQUI												
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Te		oj load	oil and mus		ng Method (I				for full 24 hou	rs.)	
	Date of It				110000	gou.ou (.	10 <i>1</i> 1, p.		<b>E.C.</b> /			
Length of Test	Tubing Pr	Tubing Pressure				Casing Pressure				Choke Size		
A. A. D. J. D. J. T. J.				Water - Bbis.				10 1/05				
Actual Prod. During Test	Oil - Bbls.							Gas- MCF				
OLC WELL			<del>/</del>		J				<u> </u>		<del></del>	
GAS WELL Actual Prod. Test - MCF/D	Length of	Test	·		Bble C	ondencate (MI	MCE		10	<del> </del>	<del></del>	
Patrick Floor Foot Michig	League of Teat				Dois. C	Bbls. Condensate/MMCF				Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size	Choke Size		
VI. OPERATOR CERTIFI	CATE O	COME	LIA	NCE		011		1055				
I hereby certify that the rules and reg						OIL	COr	NSERV	'ATION	DIVISIO	)N	
Division have been complied with an is true and complete to the best of m		-	en abov	ve						. 100		
	6					oate App	rove	ed	APR 2	L'92	<del></del>	
Sad teit.									չայ <sub>ն</sub> ու ՀՀ Կ. Հ	ነ በ ያመጣ <b>ል</b> ፤		
Signature					E	ЗУ	•		ev dia			
Jackie Forister Proted Name	Prod	luction	Cle	rk								
4/15/92	746~	3344				itle						
Date		Tele	phone	No.	П							

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 2 0 1992

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