

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	<input type="checkbox"/> OIL <input type="checkbox"/> GAS
OPERATOR	
PERMITS OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

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

RECEIVED BY

FEB 13 1985

REQUEST FOR ALLOWABLE
AND

O. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

ARTESIA, OFFICE

Operator FROSTMAN OIL CORPORATION	
Address P. O. BOX 161, ARTESIA, NM 88210	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	CHANGE OF OPERATOR
Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Condensate Gas	<input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate

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

II. DESCRIPTION OF WELL AND LEASE (INJECTION WELL)

Lease Name Cinco de Mayo Fed.	Well No. 1	Pool Name, including Formation Shinnery Queen	Kind of Lease State, Federal or Fee Fed. NM	Lease No. 392867
Location				
Unit Letter C ; 1980 Feet From The West Line and 660 Feet From The North				
Line of Section 24 Township 18S Range 32E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Condensate 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 Sec. Twp. Rge. Is gas actually connected? 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.



(Signature)

PRESIDENT

(Title)

February 12, 1985

(Date)

OIL CONSERVATION DIVISION

FEB 18 1985

APPROVED _____, 19 _____

BY _____

ORIGINAL SIGNED BY JERRY SEXTON

TITLE _____ DISTRICT I SUPERVISOR

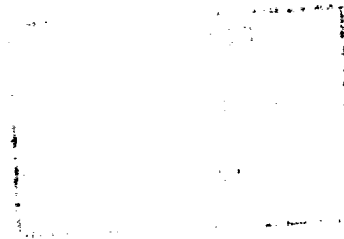
This form is to be filed in compliance with RULE 1104.

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

U.S. DEPT. OF JUSTICE
HHS OFFICE