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TRANSPORTER	OIL
	GAS
OPERATOR	
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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-111  
Effective 1-1-65

I. OPERATOR  
Operator: **TAHOE OIL & CATTLE COMPANY**  
Address: **P.O. Box 7032, Midland, Texas 79701**  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of: ☐ Other (Please explain)  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐ **CHANGE IN OPERATOR X**  
If change of ownership give name and address of previous owner: **CHATEAUGAY COMPANY, P.O. Box 663, Midland, Texas**

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
<b>Ramsey-State</b>	<b>5</b>	<b>Langlie-Mattix</b>	State, Federal or Fee <b>State</b>	<b>B-1732</b>
Location				
Unit Letter <b>N</b>	<b>660</b>	Feet From The <b>South</b>	Line and <b>19 1/2</b>	Feet From The <b>West</b>
Line of Section <b>36</b>	Township <b>24-S</b>	Range <b>37-E</b>	, NMPM, <b>Lea</b> 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"/>	Address (Give address to which approved copy of this form is to be sent)			
<b>Texas New Mexico Pipeline Company</b>	<b>P.O. Box 1510, Midland, Texas 79701</b>			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
<b>El Paso Natural Gas Company</b>	<b>P.O. Box 1492, Midland, Texas 79999</b>			
If well produces oil or liquids, give location of tanks.	Unit <b>N</b>	Sec. <b>36</b>	Twp. <b>24-S</b>	Rge. <b>37-E</b>
	Is gas actually connected? <b>Yes</b>		When <b>April 1, 1955</b>	

IV. COMPLETION DATA

If this production is commingled with that from any other lease or pool, give commingling order number: **No**

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allow-able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

  
(Signature)

Agent

(Title)

May 6, 1974

(Date)

OIL CONSERVATION COMMISSION

APPROVED

MAY 13 1974, 19

BY

Chk. Signed by

Joe D. Ramsey

Dist. I, Supr.

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

If made in a request for allowance for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation log taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allow-ance on new and recompleted wells.

Fill out only Sections I, II, III, and VI for change of owner, well name or number, or transporter, or other such change of condition.

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JUL 13 1974

COMMUNICATION COMM.  
RCSLS, H. H.

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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

I. Operator  
**CHATEAUGAY COMPANY**  
Address  
**P.O. Box 663, Midland, Texas 79701**  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)  
If change of ownership give name and address of previous owner **Estate of Jack Frost, 1802 N.B.C. Bldg. San Antonio, Texas 78205**

II. DESCRIPTION OF WELL AND LEASE  
Lease Name **Ransay-State** Well No. **5** Pool Name, including Formation **Langlie-Mattix** Kind of Lease **State** Lease No. **B-1732**  
Location  
Unit Letter **N** : **1980** Feet From The **West** Line and **660** Feet From The **South**  
Line of Section **36** Township **24-S** Range **37-E** , NMPM, **Lee** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☒ or Condensate ☐  
**Texas New Mexico Pipeline Company** Address (Give address to which approved copy of this form is to be sent)  
**P.O. Box 1510, Midland, Texas**  
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐  
**El Paso Natural Gas Company** Address (Give address to which approved copy of this form is to be sent)  
**P.O. Box 1492, Midland El Paso, Texas**  
If well produces oil or liquids, give location of tanks. Unit **N** Sec. **36** Twp. **24-S** Rge. **37-E** Is gas actually connected? **Yes** When **April 1, 1955**

IV. COMPLETION DATA  
If this production is commingled with that from any other lease or pool, give commingling order number: **No**  
Designate Type of Completion - (X) ☒ Oil Well ☐ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Same Res'v. ☐ Diff. Res'v.  
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.  
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth  
Perforations Depth Casing Shoe  
TUBING, CASING, AND CEMENTING RECORD  
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)  
Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)  
Length of Test Tubing Pressure Casing Pressure Choke Size  
Actual Prod. During Test Oil - Bbls. Water - Bbls. Gas - MCF

GAS WELL  
Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate  
Testing Method (pitot, back pr.) Tubing Pressure (shut-in) Casing Pressure (shut-in) Choke Size

VI. CERTIFICATE OF COMPLIANCE  
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  
**CHATEAUGAY COMPANY**  
**Kenneth A. Freeman**  
**Agent**  
**October 23, 1973**

OIL CONSERVATION COMMISSION  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY \_\_\_\_\_ Orig. Signed by \_\_\_\_\_  
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.

NEW MEXICO OIL CONSERVATION COMMISSION  
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LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

I. Operator  
**Estate of Jack Frost**  
Address  
**1802 N.B.C. Bldg., San Antonio, Texas 78205**  
Reason(s) for filing (Check proper box) Other (Please explain)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐  
If change of ownership give name and address of previous owner **Jack Frost, 1802 N.B.C. Bldg., San Antonio, Texas 78205**

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Ramsey-State</b>	Well No. Pool Name, including Formation <b>5 Langlie - Mattix</b>	Kind of Lease State, Federal, or Fee <b>State</b>	Lease No. <b>B-1732</b>
Location Unit Letter <b>N</b> <b>1980</b> Feet From The <b>West</b> Line and <b>660</b> Feet From The <b>South</b> Line of Section <b>36</b> Township <b>24 S</b> Range <b>37 E</b> N.M.P.M. <b>Lea</b> 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"/> <b>Texas New Mexico Pipeline Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 1510, Midland, Texas</b>		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>El Paso Natural Gas Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 1492, El Paso, Texas</b>		
If well produces oil or liquids, give location of tanks. Unit <b>N</b> Sec. <b>36</b> Twp. <b>24 S</b> Rge. <b>37 E</b>	Is gas actually connected? <b>Yes</b>	When <b>April 1, 1955</b>	

If this production is commingled with that from any other lease or pool, give commingling order number:

**No**

IV. COMPLETION DATA

Designate Type of Completion -- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations		Depth Casing Shoe						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

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Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

**ESTATE OF JACK FROST**

By: **BEN M. PATTERSON, JR.**  
**Geologist**

(Title)

**August 13, 1970**

(Date)

OIL CONSERVATION COMMISSION

APPROVED

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BY

TITLE

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

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Separate Forms C-104 must be filed for each pool in multiply completed wells.