| SA TA FE | | EQUEST FOR ALLOWABLE | Form C-154 |
|--|---|--|---|
| G.S. DOFFICE TRANSPORTER OIL | | AND N TO TRANSPORT OIL AND NATURAL GAS | Supersedes Old C-104 and C-1 Effect, vo 1-1-65 |
| GAS OPERATOR 1. PRORATION OFFICE | | | |
| Decision TAHOE OIL & CAT | TLE COMPANY | | |
| Aduress P.O. Box 7032, Regson(s) for filling (Church and | | | |
| Reason(s) for filing (Check prop | er box) | 0ther (Please explain) | |
| Recompletion | Change in Transporter of Oil | | |
| Change in Ownership | Casinghead Gas | Condensate CHANGE IN OPERATO | ORX |
| If change of ownership give na and address of previous owner | CHATEAUGAY CO | MPANY. P.O. Bou CCO | |
| II. DESCRIPTION OF WELL A | | MPANY, P.O. Box 663, Midle | and, "exas |
| Ramsey-State | Well No. Poo. Nate, in | isting of Ced3e | Lease No. |
| Location. | | ie-Mattix State, Foderal or Fee | State B-1732 |
| Unit Letter <u>N</u> ; <u>6</u> | 60 Feet From The SOUT | th Line and 660 Feet From The | West |
| Line of Section 36 | Township 24-S R | <u>те 37-Е , NMPM, Lea</u> | |
| III. DESIGNATION OF TRANSP Name of Authorized Transporter of | ORTER OF OIL AND NATUR | IAL CAS | County |
| Texas New Mexico | Pipelino Comp | Additions (Give address to which approved copy | of this form is to be sent) |
| Name of Authorized Transporter of El Paso Natural | Casinghead Gag (V) | Adarona (Give address to which approved conv | d, Texas 79701 |
| If well produces oil or liquids. | Unit Sec. Twp. | P.O. BOX 1492, Midland | d, Texas 79999 |
| give location of tenks. | <u>N</u> 36 24-S | 37-E Yes | 1, 1955 |
| IV. COMPLETION DATA | | COOL rive comminations a | No |
| Designate Type of Comple | etion - (X) | Well New Well Workover Deepen Plug Bo | ack Same Restv. Diff. Restv. |
| Date Spuddod | Date Compl. Ready to Prod. | Total Dept.: P.B.T.E | <u>).</u> |
| Elevations (DF, RKB, RT, GR, etc. | .; Name of Producing Formation | | |
| Perforations | | Tubing : | Depth |
| | | 1 | asing Shoe |
| HOLE SIZE | TUEINO, CASIN CASING & TUBING SIZ | 2, AND CUMENTING RECORD | |
| | | DEPTH SET | SACKS CEMENT |
| | | | |
| V. TEST DATA AND REQUEST | FOR AT LOWARD T | | |
| OIL WELL Date First New Oil Run To Tanks | Date of Test | st be after subbuery of total volume of load oil and must be this depth of bo for full 24 hours) | e equai to prevaled top allow. |
| | Date of lest | Producting Muthod (Flow, pump, gas lift, etc.) | |
| Length of Test | Tubing Pressure | Cautae Processe Choke Siz | 20 |
| Actual Prod. During Test | Cil-Bhis. | Water - Cols. Gas - MOF | |
| | | | |
| GAS WELL Actual Prod. Test-MOF/D | | | |
| | Length of Test | Bblu. Conformate/MMCF Gravity of | Condensate |
| Testing Mothed (pitci, back pr.) | Tubing Prossure (Camb-an) | Canne Pressues (Shut-in) Choke S.z. | 0 |
| 1. CERTIFICATE OF COMPLIAN | ICE | | |
| I bereby costify that the sub- | | CIL CONSERVATION CO | MMISSION |
| I hereby cortify that the rules and Commission have been complied above is true and complete to th | regulations of the Oil Conducta with and that the information of a best of my bound | Na Color Col | 1974, 19 |
| | of my knowlduje and be | Joe D. Ran | ner i |
| 1. 0 | | Dist. I, Sup | ×Fe |
| Xa Heisman | | Sum form is to be filed in compliance a | South allow a los los |
| Agent | | the state of the server and the second states by a fa | ibulation of the deviation |
| (7). May 6, 1974 | :le) | South and the second of this form much be filled a south be filled and the second recompleted works. | out completely for ellow |
| (Da | ie) | While out only Spetions I, II, In, and V about A mus of number, or transporter, or other s | Tor chir la bi owner, |

.

LITY 13 1074 UL COMMATION COMM. HUBLS, N. M.

| S/ FI | G.S. | | REQUE | L CONSERVATION CO ST FOR ALLOWABL AND | -E | Supe | C-104 insedes Ol clive 1-1-6 | d C-104 and C- is |
|-------------|---|---------------------------------------|------------------|--|--|--|--|-------------------------|
| OP | DOFFICE ANSPORTER GAS ERATOR ORATION OFFICE ator | | | TRANSPORT OIL AN | ID NATURAL | . GAS | | |
| | CHATRAUGAY COM | Pany | | | - | | ╉╾╾┿ | |
| Addro | ess | | | | | | ++ | |
| | P.O. Box 663, on(s) for filing (Check proper | box) | Ls 7970 ; | | ase explain) | | | |
| New Reco | mpletion | Change in Trar Oil | sporter of: | | use explain) | | | |
| Chan | ge in Ownership | Casinghead Ga | | Gas | | | | |
| If cha | nge of ownership give nam | ie | | | | | | |
| and a | ddress of previous owner _ | Estate of J | ack Fros | it, 1802 N.B. | C. Bldg. | San Ant | nio. | /8205 _ <u>Texas</u> |
| II. DESC | RIPTION OF WELL AN | ND LEASE | | | | , | | |
| | Ransey-State | S S S S S S S S S S S S S S S S S S S | Name, Including | | Kind of Leas State, Feder | | | Lease No. |
| Locat | - | | 1 | -Mattix | | | | |
| Un | it Letter ; ; | 1980 Feet From The | West_ | _ine and660 | Feet From | TheSouth | | |
| Lir | ne of Section | Township 24-8 | Range | 37-E , NM | | | | |
| II. DESIG | GNATION OF TRANSPO | BTER OF OUL AND | | | | Lea | ++ | County |
| 1 | or warmenteed intersponder of | OII Condens | gte | Address (Give addres | s to which appro | wed copy of this | form in to | he seed |
| Name | of Authorized Transporter of | Casinghead Gas 17 or | Dry Gas | P.O. Box | c 1510. x | that south | | |
| 1 | El Pago Matural | Gas Company | | Address (Give addres P.O. BOS | s to which appro | ved copy of this ; | form is to | be sent) |
| If well | l produces oil or liquids, ocation of tanks. | Unit Sec. | Twp. P.ge. | is gas actually conne | cted? Wh | en | Paso | , Texas |
| If this | production is commingled | N 36 | 24-8 37-1 | B Yes | ا ۱ <u></u> | April 1, | 1955 | |
| COMP | LETION DATA | | | , give commingling ord | er number: | No | | |
| De | signate Type of Comple | tion $-(X)$ | Gas Well | New Well Workover | Deepen | Plug Back Sc | une Res'v | Diff. Res'v. |
| Date S | pudded | Date Compl. Ready to | o Prod. | Total Depth | ! i, | P.B.T.D. | | |
| Elevati | ons (DF, RKB, RT, GR, etc. | Name of Producing Fi | | | | | | |
| | | , round of Floducing F | ormetion | Top Oil/Gas Pay | | Tubing Depth | | |
| Perfora | itions | | | | | Depth Casing S | hoe | |
| | | TUBING | | D CEMENTING RECO | | L | | |
| | HOLE SIZE | CASING & TU | BING SIZE | DEPTHS | | SACK | S CEME | |
| | | | | | | | | |
| | | | | | | | + | |
| TEST | DATA AND REQUEST | | | | | | | |
| UIL WI | ELL inst New Oil Run To Tanks | | able for this d | after recovery of total vol epth or be for full 24 hour | •/ | | o or exce | ed top allow- |
| | int New On Run 16 Tangs | Date of Test | | Producing Method (Flo | w, pump, gas lift | , etc.) | <u>+</u> + | |
| Length | of Test | Tubing Pressure | | Casing Pressure | | Choke Size | ++ | |
| Actual 3 | Prod. During Test | Oil-Bbla. | | Water - Bbla. | | | | |
| L | | | | ······································ | | Gas - MCF | | |
| GAS W | ELL | | | | | | ╋━┿ | J |
| | Prod. Test-MCF/D | Length of Test | | Bbls. Condensate/MMC | F T | Gravity of Conde | | · |
| Testing | Method (pitot, back pr.) | Tubing Pressure (Shut | | | | | | |
| L | · | | | Casing Pressure (Shut | -1n) | Choke Size | | |
| CERTI | FICATE OF COMPLIAN | ICE | | OIL | CONSERVAT | | 510N | |
| I hereby | certify that the rules and | regulations of the Oil | Conservation | APPROVED | | | | |
| Commiss | ion have been complied true and complete to th | With and that the lafe. | | 1 2 | | | 1 | |
| above 15 | ATEAUGHY COMPAN | fY. | Genel, | BY | | | ++ | · · · · · · · · · |
| above is | | | | | | ······································ | + | |
| above is | the MA | Milan and | 1 | This form is to | be filed in co | mpliance with p | ULE 1 | 04. |
| above is | Fundh & | Milman | | If this is a requ | est for ellowed | his for a semi- | della A | - deananad |
| above is | . Renneth A.S. | alween an | | If this is a requ well, this form must | be accompanie | ble for a newly | ian of the | deepened deviation |
| above is | - Kanneth A. 1 Sign | alive | | If this is a requ well, this form must tests taken on the All sections of | test for allowal be accompanie well in accorde this form must | ble for a newly ed by a tabulation ince with RULE be filled out co | len of the [111. | deviation |
| above is | Arent October 23, | alws man | | If this is a requ well, this form must tests taken on the v All sections of able on new and rec Fill out only s | test for allowal be accompanie well in accords this form must completed well ections I. II. | ble for a newly ed by a tabulation once with RULs be filled out co a. III. and VI for | ion of the [111. ompletely changes | for allow- |
| above is | Arent October 23, | alure) | | If this is a requ well, this form must tests taken on the v All sections of able on new and rec | test for allowal be accompanie well in accords this form must completed well ections I. II. | ble for a newly ed by a tabulation once with RULs be filled out co a. III. and VI for | ion of the [111. ompletely changes | for allow- |

| NO. OF COPIES RECEIVED DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE I RANSPORTER OIL GAS OPERATOR I. PRORATION OFFICE | REQUEST | CONSERVATION COMMISSION FOR ALLOWABLE AND ANSPORT OIL AND NATURAL GAS | Form C-104 Supersede: Old C-104 and C-11 Effective -1-65 | |
|--|--|--|--|--|
| Estate of Jack Fros | t | | | |
| 1802 N.B.C. Bldg., Reason(s) for filing (Check proper ba | San Antonio, Texas 7820 | 05 Cther (Piease explain) | | |
| New Wel. | Change in Transporter of: | | | |
| Recompletion Change in Owrership | Cii Dry Ga Casinghead Gas Conder | | | |
| If change of ownership give name and address of previous owner | Jack Frost, 1802 N.B.C. | Bldg., San Antonio, Texas | s 78205 | |
| II. <u>DESCRIPTION OF WELL AND</u> | | | /0203 | |
| Lease Name | Well No. Pool Name, Including F | | Lease No. | |
| Ramsey-State | <u> </u> | State, Fiederal or | Fee State B-1732 | |
| Unit Letter N 19 | 80 Feet From The West | ie and660Feet From Tile | South | |
| Line of Section 36 Th | cwnship 24 S Bange | 37 E NMEM, Lea | County | |
| I. <u>DESIGNATION OF TRANSPOE</u> | RTER OF OIL AND NATURAL GA | s | | |
| Name of Authorized Transporter of C | | Address (Give address to which approved | | |
| Texas New Mexico Pi Name of Authorized Transporter of O | | P. O. Box 1510, Midland Address (Give address to which approved | opy of this form is to be sent) | |
| El Paso Natural Gas | Company Unit Sec. Twp. Age. | P. D. Box 1492, El Paso Is gas actually connected? When | , Texas | |
| give location of tanks. | N 36 24 S 37E | | ·i1 1, 1955 | |
| If this production is commingled w COMPLETION DATA | th that from any other lease or pool, | <u></u> | lo | |
| Designate Type of Complet | Cil Well Gas Well on (X) | New Well Workover Deepen P | lug Back – Sarte Restvi, Dift, Restvi | |
| Date Spudded | Date Compl. Ready to Prod. | Tota, Depti. P | З.Т.D. | |
| Elevations (DF, RKB, RT, GR, etc., | Name of Producing Formation | Top Cil/Gas Pay T | uzing Depth | |
| Perforations | | L | | |
| Petrolutions | | ر. | epth Casing Shoe | |
| HOLE SIZE | TUBING, CASING, AND | DEPTH SET | SACKS CEMENT | |
| | | | | |
| | | t | ······· | |
| | | | | |
| V. TEST DATA AND REQUEST I OIL WELL | able for this de | fter recovery of total volume of load oil and oth or be for full 24 hours) | | |
| Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas lift, e | tc.) | |
| Length of Test | Tubing Pressure | Casing Pressure C | noke Size | |
| Actual Prod. During Test | Oil-Bbla. | Water - Bbis. G | de - MCF | |
| | | | | |
| GAS WELL | | | | |
| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF G | ravity of Condensiate | |
| Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) C | hoke Size | |
| I. CERTIFICATE OF COMPLIAN | | OIL CONSERVATI | | |
| | | | | |
| Commission have been complied | regulations of the Oil Conservation with and that the information given | APPROVED | , 19 | |
| above is true and complete to th ESTATE OF JACK FROST | he best of my knowledge and belief. | A A A A A A A A A A A A A A A A A A A | | |
| COINTE UN VIEN PRUST | | | | |
| June 11 | | This form is to be filed in com If this is a request for allowabl | e for a newly drilled or deepened | |
| By: BEN M. PATTERSON(Sig | if ^{ure}) | well, this form must be accompanie tests taken on the well in accordan | ce with RULE 111. | |
| Geologist(7 | itle) | able on new and recompleted wells | | |
| August 13, 1970 Fill out only Sections I, II, III, and VI for change of well name or number, or transporter, or other such change of Separate Forms C-104 must be filed for each pool completed wells. | | | | |