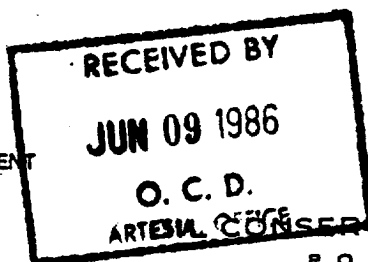


STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator J. Cleo Thompson

Address 4500 Republic Bank Tower, Dallas, Texas 75201

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

Other (Please explain) _____

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>West Square Lake Unit TR 24</u>	Well No. <u>24-12</u>	Pool Name, including Formation <u>Square Lake (G-S)</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>W-733</u>
Location				
Unit Letter <u>P</u>	<u>660</u> Feet From The <u>South</u> Line and <u>1295</u> Feet From The <u>East</u>			
Line of Section <u>36</u>	Township <u>16-S</u>	Range <u>30-E</u>	NMPM, <u>Elddy</u>	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"/> <u>Navajo Refining Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 159, Artesia, New Mexico 88210</u>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Phillips Petroleum</u>	Address (Give address to which approved copy of this form is to be sent) <u>Bartlesville, Oklahoma</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>P</u>	Sec. <u>15</u>
	Twp. <u>16S</u>	Rge. <u>30E</u>
Is gas actually connected?	When <u>5-26-86</u>	
<u>Yes</u>	<u>last rd 2 10-3-86 camp BK</u>	

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.

Chris Cannady
(Signature)
Agent
6-4-86
(Date)

OIL CONSERVATION DIVISION

SEP 30 1986

APPROVED _____, 19____
Original Signed By
BY Les A. Clements
TITLE Supervisor District II

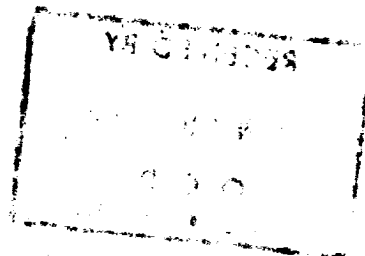
This form is to be filed in compliance with RULE 1104.

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.



IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
				X					
Date Spudded 8-24-85	Date Compl. Ready to Prod. 8-27-85	Total Depth 3933				P.B.T.D. 3712			
Elevations (DF, RKB, RT, GR, etc.), 3800.5 CL	Name of Producing Formation GP-LR	Top Oil/Gas Pay 3019				Tubing Depth			
Perforations 3700.5 - 3019.5						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2		12 5/4		298		405			
7 7/8		5 1/2		3934		1635			

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 5-20-86	Date of Test 5-26-86	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure 400	Casing Pressure 400	Choke Size
Actual Prod. During Test 77	Oil - Bbls. 53	Water - Bbls. 24	Gas - MCF TSM

GAS WELL

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