

McClellan Oil, etal
HBP
NM-2824

Marathon
9/1/97
NM-96570

OPEN

Drainage
Radius
2786'

22

23

SunValley 50%
Marathon 50%
9-1-97
NM-96570

Proposed
Bottom Hole
Location

Thornton, etal
5-1-98

-5420

-5400

-5380

-5360

-5340

NM-62195

Thornton, etal
HBP

NM-50415

Thornton Oper.
W. King Camp
-5336

U.S.

U.S.

McClellan Oil, etal
HBP
NM-2824

McClellan Oil, etal
8-15-97
NM-96569

27

26

SunValley 50%
Marathon 50%
9/1/97
NM-96570

McClellan Oil, etal
HBP
NM-50416

8
TD 3000

1
TD 9900

McClellan Oil, etal
HBP
NM-50416

WEST KING CAMP
MISSISSIPPIAN LIME DEPTH
Chaves Co., N.M. T13S-R29E

 PROPOSED
PRORATION UNIT

C.I.=20'

SCALE: 1"=1000'

R.L.T.

U.S.

U.S.

**BEFORE THE
OIL CONSERVATION DIVISION**
Santa Fe, New Mexico

Case No. 11615 Exhibit No. 1

Submitted by: Thornton Operating Corporation

Hearing Date: October 3, 1996

BEFORE THE

OIL CONSERVATION DIVISION

NEW MEXICO DEPARTMENT OF ENERGY, MINERALS AND NATURAL RESOURCES

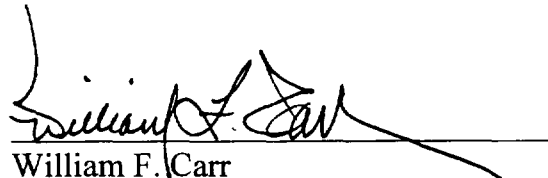
IN THE MATTER OF THE APPLICATION
OF THORNTON OPERATING CORPORATION
FOR POOL CONTRACTION, POOL CREATION,
SPECIAL POOL RULES, NON-STANDARD
SPACING OR PRORATION UNIT, DIRECTIONAL
DRILLING AND AN UNORTHODOX WELL LOCATION,
CHAVES COUNTY, NEW MEXICO.

CASE NO. 11615

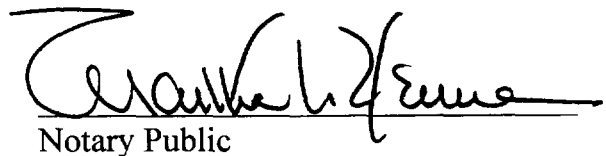
AFFIDAVIT

STATE OF NEW MEXICO)
) ss.
COUNTY OF SANTA FE)

William F. Carr, attorney in fact and authorized representative of Thornton Operating Corporation, the Applicant herein, being first duly sworn, upon oath, states that notice has been given to all interested persons entitled to receive notice of this application under Oil Conservation Division rules, and that notice has been given at the addresses shown on Exhibit "A" attached hereto.


William F. Carr

SUBSCRIBED AND SWORN to before me this 2nd day of October, 1996.


Notary Public

My Commission Expires:

August 19, 1999

EXHIBIT A

Read & Stevens, Inc.
Post Office Box 1518
Roswell, NM 88202-1517

Ruby Crosby Bell
1331 3rd Street
New Orleans, LA 70130

Bryan Bell Family Limited
Partnership No. 1
1331 3rd Street
New Orleans, LA 70130

Western Oil Producers, Inc.
Post Office Box 1498
Roswell, NM 88202-1498

The Estate of H.F. Glover
Norma Glover Smith, Personal Rep.
Rt. 2, Box 4024
S. Spring Loop
Roswell, NM 88201

McClellan Oil Corporation
Post Office Box 730
Roswell, NM 88202-0730

Marathon Oil Company
Post Office Box 552
Midland, TX 79702-0552

Yates Petroleum Company
Yates Building
105 South Fourth Street
Artesia, NM 88210

The Toles Company
Post Office Drawer 1300
Roswell, NM 88202-1300

Bryan Bell
1331 3rd Street
New Orleans, LA 70130

Ruby Crosby Bell Family
Limited Partnership No. 1
1331 3rd Street
New Orleans, LA 70130

Estate of Truman T. Sanders, Jr.
Post Office Box 550
Roswell, NM 88202-0550

A. L. Mangum, Jr.
Post Office Box 99065
Lubbock, TX 79499

K & C Production Co.
118 W. 1st Street
Roswell, NM 88201

Enron Oil & Gas
Post Office Box 2267
Midland, TX 79702

Seagull Midcon Inc.
1001 Fannin
Suite 1700
Houston, TX 77002

Sherry Roton
Amoco Production Company
501 WestLake Park Blvd.
Houston, TX 77079

CAMPBELL, CARR, BERGE
& SHERIDAN, P.A.
LAWYERS

MICHAEL B. CAMPBELL
WILLIAM F. CARR
BRADFORD C. BERGE
MARK F. SHERIDAN

MICHAEL H. FELDEWERT
TANYA M. TRUJILLO
PAUL R. OWEN

JACK M. CAMPBELL
OF COUNSEL

JEFFERSON PLACE
SUITE 1 - 110 NORTH GUADALUPE
POST OFFICE BOX 2208
SANTA FE, NEW MEXICO 87504-2208
TELEPHONE: (505) 988-4421
TELECOPIER: (505) 983-6043

September 5, 1996

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO ALL AFFECTED INTEREST OWNERS

Re: Application of Thornton Operating Corporation for Pool Contraction, Pool Creation, Special Pool Rules, a Nonstandard Spacing or Proration Unit, Directional Drilling and an Unorthodox Bottomhole Well Location, Chaves County, New Mexico

Gentlemen:

This letter is to advise you that Thornton Operating Corporation has filed the enclosed application with the New Mexico Oil Conservation Division. You are the owner of an interest that may be affected by this application.

This matter has been set for hearing before a Division Examiner on September 26, 1996. You are not required to attend this hearing but you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging this matter at a later date.

Parties appearing in cases have been requested by the Division (Memorandum 2-90) to file a Pre-Hearing Statement substantially in the form prescribed by the Division. Pre-Hearing Statements should be filed by 4:00 p.m. on the Friday before a scheduled hearing.

Very truly yours,

for
WILLIAM F. CARR

Attorney for Thornton Operating Corporation

WFC:mlh

cc: Robert Thornton

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
 - 2. ☐ Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

Read & Stevens, Inc.
Post Office Box 1518
Roswell, NM 88202-1517

4a. Article Number

P 329 626 147

4b. Service Type

- ☒ Registered
- ☐ Express Mail
- ☐ Insured
- ☐ COD

5. Received By: (Print Name)

William J. ...

8. Addressee's Address (Only if requested)

X

6. Signature: (Addressee or Agent)

PS Form 3811, December 1994

Domestic Return Receipt

P 329 626 147
US Postal Service
Receipt for Certified Mail

Read & Stevens, Inc.
Post Office Box 1518
Roswell, NM 88202-1517

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	SEP - 5 1996

PS Form 3800, April 1995

Thank you for using Return Receipt Service.

Is your **RETURN ADDRESS** completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
 2. ☐ Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

Rubie Crosby Bell
1331 3rd Street
New Orleans, LA 70130

4a. Article Number

4b. Service Type

- ☐ Registered
- ☐ Express
- ☐ Return Receipt for Merchandise
- ☐ Insured
- ☐ COD

7. Date of Delivery

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811/December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 329 626 148

US Postal Service
Receipt for Certified Mail

Rubie Crosby Bell
1331 3rd Street
New Orleans, LA 70130

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	SEP 5 1996

PS Form 3800, April 1995

Is your **RETURN ADDRESS** completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return the card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
 2. ☐ Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

Bryan Bell Family Limited
Partnership No. 1
1331 3rd Street
New Orleans, LA 70130



4a. Article Number

329 626 149

Service Type

☐ Registered

☐ Express Mail

☒ Certified

☐ Insured

☐ COD

5. Received By: (Print Name)

9/7/96

8. Addressee's Address (Only if requested and fee is paid)

6. Signature, Addressee or Agent

X *[Signature]*

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 329 626 149

US Postal Service
Receipt for Certified Mail
Bryan Bell Family Limited
Partnership No. 1
1331 3rd Street
New Orleans, LA 70130

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	SEP 5 1996

PS Form 3800 April 1995

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
 - 2. ☐ Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

4a. Article Number
P 329 626 150

Western Oil Producers, Inc.
Post Office Box 1498
Roswell, NM 88202-1498

5. Received By: (Print Name)

LOVELL CHASES
88201

4b. Service Type
☒ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☐ COD

6. Signature: Addressee of Agent
X *[Signature]*

PS Form 3811, December 1994

Domestic Return Receipt

P 329 626 150

US Postal Service
Receipt for Certified Mail

Western Oil Producers, Inc.
Post Office Box 1498
Roswell, NM 88202-1498

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date SEP 1 1996	

PS Form 3800, April 1995

Thank you for using Return Receipt Service.

P 329 626 151
 US Postal Service
Receipt for Certified Mail
 The Estate of H.F. Glover
 Norma Glover Smith, Personal Rep.
 Rt. 2, Box 4024
 S. Spring Loop
 Roswell, NM 88201

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	SEP - 5 1996

PS Form 3800, April 1995

Is your **RETURN ADDRESS** completed on the reverse side?

SENDER: ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpieces below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: The Estate of H.F. Glover Norma Glover Smith, Personal Rep. Rt. 2, Box 4024 S. Spring Loop Roswell, NM 88201		4a. Article Number P 329 626 151	
5. Received By: (Print Name) X <i>Norma Glover Smith</i>		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured	
6. Signature: (Addressee or agent) X <i>H.F. Glover</i>		7. Date of Delivery SEP 5 1996	
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid) Domestic Return Receipt	

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return the card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
 - 2. ☐ Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

McClellan Oil Corporation
Post Office Box 730
Roswell, NM 88202-0730

4a. Article Number

329 626 152

4b. Service Type

- ☒ Registered
- ☐ Express Mail
- ☐ Return Receipt for Merchandise
- ☐ COD
- ☒ Certified
- ☐ Insured

5. Received By: (Print Name)

McClellan Oil Corporation

6. Signature: (Addressee or Agent)

X *[Signature]* McC

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

Domestic Return Receipt

P 329 626 152

US Postal Service
Receipt for Certified Mail

McClellan Oil Corporation
Post Office Box 730
Roswell, NM 88202-0730

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	SEP 1996

PS Form 3800, April 1995

Thank you for using Return Receipt Service.

Is your **RETURN ADDRESS** completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return the card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Marathon Oil Company
Post Office Box 552
Midland, TX 79702-0552

4a. Article Number

9 329 626 153

4b. Service Type

- ☐ Registered ☒ Certified
- ☐ Express Mail ☐ Insured
- ☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

SEP 9 1996

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 329 626 153

US Postal Service
Receipt for Certified Mail

Marathon Oil Company
Post Office Box 552
Midland, TX 79702-0552

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	SEP - 5 1996

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return the card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
 2. ☐ Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

Yates Petroleum Company
Yates Building
105 South Fourth Street
Artesia, NM 88210

4a. Article Number

P 329 626 154

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

SEP 9 1996

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)

Melissa Maderette

6. Signature: (Addressee or Agent)

Melissa Maderette

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 329 626 154

US Postal Service
Receipt for Certified Mail
 Yates Petroleum Company
 Yates Building
 105 South Fourth Street
 Artesia, NM 88210

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	SEP - 5 1996

PS Form 3800, April 1995

Is your **RETURN ADDRESS** completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return the card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
 - 2. ☐ Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

4a. Article Number

The Toles Company
Post Office Drawer 1300
Roswell, NM 88202-1300



4b. Service Type

- ☒ Registered
- ☐ Express Mail
- ☐ Certified
- ☐ Insured
- ☐ COD

7. Date of Delivery

5. Received By: (Print Name)

Juanita Barrera

09201

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

Juanita Barrera

PS Form 3811, December 1994

Domestic Return Receipt

P 329 626 155

US Postal Service
Receipt for Certified Mail

The Toles Company
Post Office Drawer 1300
Roswell, NM 88202-1300

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	SEP 22 1996

PS Form 3800, April 1995

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
 - 2. ☐ Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

Bryan Bell
1331 3rd Street
New Orleans, LA 70130



Article Number

156

4b. Service Type

- ☒ Registered
- ☐ Express Mail
- ☐ Return Receipt for Merchandise
- ☐ COD

7. Date of Delivery

5. Received By: (Print Name)

9/9/96

6. Signature (Addressee or Agent)

X *[Signature]*

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 329 626 156
US Postal Service
Receipt for Certified Mail

Bryan Bell
1331 3rd Street
New Orleans, LA 70130

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	SEP 5 1996

PS Form 3800 April 1995

Is your **RETURN ADDRESS** completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return the card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
 2. ☐ Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

Ruby Crosby Bell Family
Limited Partnership No. 1
1331 3rd Street
New Orleans, LA 70130

4a. Article Number

Service Type

☐ Registered

☐ Express Mail

☒ Return Receipt for Merchandise

- ☒ Certified
☐ Insured
☐ COD

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

X Ruby Crosby Bell

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 329 626 157

US Postal Service

Receipt for Certified Mail
Ruby Crosby Bell Family
Limited Partnership No. 1
1331 3rd Street
New Orleans, LA 70130

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	SEP - 5 1996

PS Form 3800 April 1995

Is your **RETURN ADDRESS** completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return the card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
 - 2. ☐ Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

Estate of Truman T. Sanders, Jr.
Post Office Box 550
Roswell, NM 88202-0550

4a. Article Number

P 329 626 158

4b. Service Type

- ☐ Registered
- ☐ Express Mail
- ☐ Return Receipt for Merchandise
- ☐ COD
- ☒ Certified
- ☐ Insured

7. Date of Delivery

9-9-96

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)

LOUIS BARREDA

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 329 626 158

US Postal Service

Receipt for Certified Mail

Estate of Truman T. Sanders, Jr.
Post Office Box 550
Roswell, NM 88202-0550

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	SEP 5 1996

PS Form 3800, April 1995

Is your **RETURN ADDRESS** completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return the card to you.
- Attach this form to the front of the mailpiece. **Postage does not permit.**
- Write "Return Receipt Requested" on the mailpiece before the meter number.
- The Return Receipt will show to whom the mailpiece was delivered and the date delivered.

3. Article Addressed to:

A. L. Mangum, Jr.
Post Office Box 99065
Lubbock, TX 79499

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

PS Form 3811, December 1994



4a. Article Number
P 329 626 159

4b. Service Type

- ☐ Registered
- ☐ Express Mail
- ☐ Return Receipt for Merchandise
- ☐ COD
- ☒ Certified
- ☐ Insured

8. Addressee's Address (Only if requested and fee is paid)

Domestic Return Receipt

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
 - 2. ☐ Restricted Delivery
- Consult postmaster for fee.

P 329 626 159

US Postal Service
Receipt for Certified Mail

A. L. Mangum, Jr.
Post Office Box 99065
Lubbock, TX 79499

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	SEP - 1 1996

PS Form 3800, April 1995

Thank you for using Return Receipt Service.

Is your **RETURN ADDRESS** completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
 - 2. ☐ Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

K & C Production Co.
118 W. 1st Street
Roswell, NM 88201

4a. Article Number

P 329 626 160

4b. Service Type

- ☐ Registered
- ☐ Express Mail
- ☐ Return Receipt for Merchandise
- ☐ COD

7. Date of Delivery

9-9-96

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee of Agent)

X Jacob C. Roswell

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 329 626 160

US Postal Service
Receipt for Certified Mail

K & C Production Co.
118 W. 1st Street
Roswell, NM 88201

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	SEP 11 1996

PS Form 3800, April 1995

Is your **RETURN ADDRESS** completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
 - 2. ☐ Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

Enron Oil & Gas
Post Office Box 2267
Midland, TX 79702

4a. Article Number

P 329 626 161

4b. Service Type

- ☐ Registered
- ☐ Express Mail
- ☐ Return Receipt for Merchandise
- ☐ COD
- ☒ Certified
- ☐ Insured

7. Date of Delivery

SEP 09 1996

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

[Signature]

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 329 626 161
US Postal Service
Receipt for Certified Mail

Enron Oil & Gas
Post Office Box 2267
Midland, TX 79702

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	SEP 5 1996

PS Form 3800, April 1995

P 329 626 162
 US Postal Service
Receipt for Certified Mail
 Seagull Midcon Inc.
 1001 Fannin
 Suite 1700
 Houston, TX 77002

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	SEP 5 1996

PS Form 3800, April 1995

Is your **RETURN ADDRESS** completed on the reverse side?

SENDER: <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Complete items 3, 4a, and 4b. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return the card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Seagull Midcon Inc. 1001 Fannin Suite 1700 Houston, TX 77002		4a. Article Number P 329 626 162	
5. Received By: (Print Name) [Signature]		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature (Addressee or Agent) X [Signature]		7. Date of Delivery 07 SEP 1996	
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid) Domestic Return Receipt	

Thank you for using Return Receipt Service.

Is your **RETURN ADDRESS** completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return the card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
 2. ☐ Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

Sherry Roton
Amoco Production Company
501 WestLake Park Blvd.
Houston, TX 77079

4a. Article Number

P 329 626 163

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Receipt

SEP 10 1990

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

Domestic Return Receipt

P 329 626 163

US Postal Service
Receipt for Certified Mail
Sherry Roton
Amoco Production Company
501 WestLake Park Blvd.
Houston, TX 77079

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	SEP 5 1990

PS Form 3800, April 1995

Thank you for using Return Receipt Service.

10

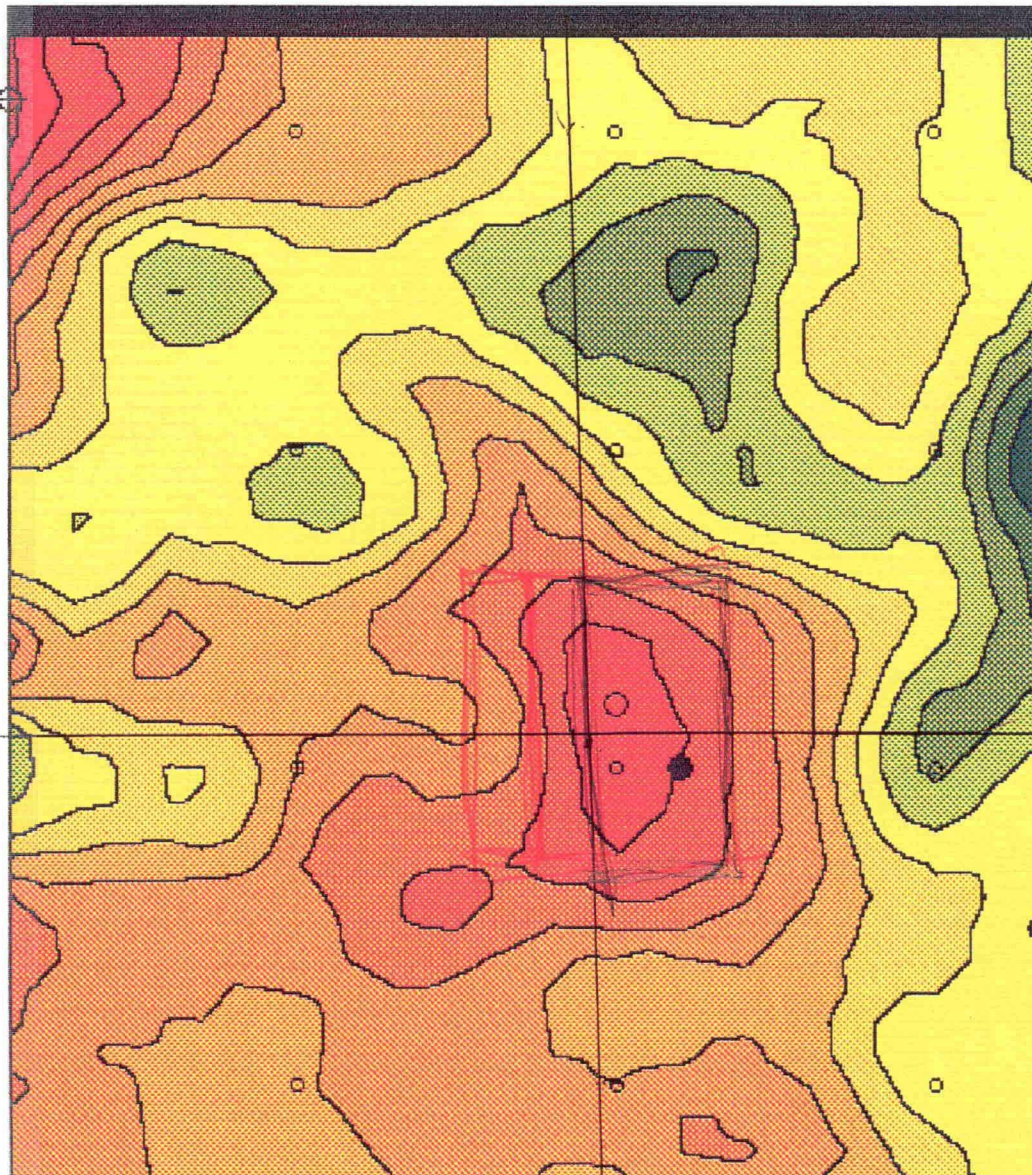
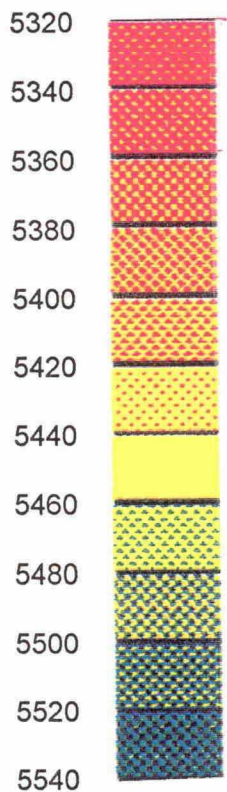
20

30

□

□

□



BEFORE THE
OIL CONSERVATION DIVISION
Santa Fe, New Mexico

Case No. 11615 Exhibit No. 3

Submitted by: Thornton Operating Corporation

Hearing Date: October 3, 1996

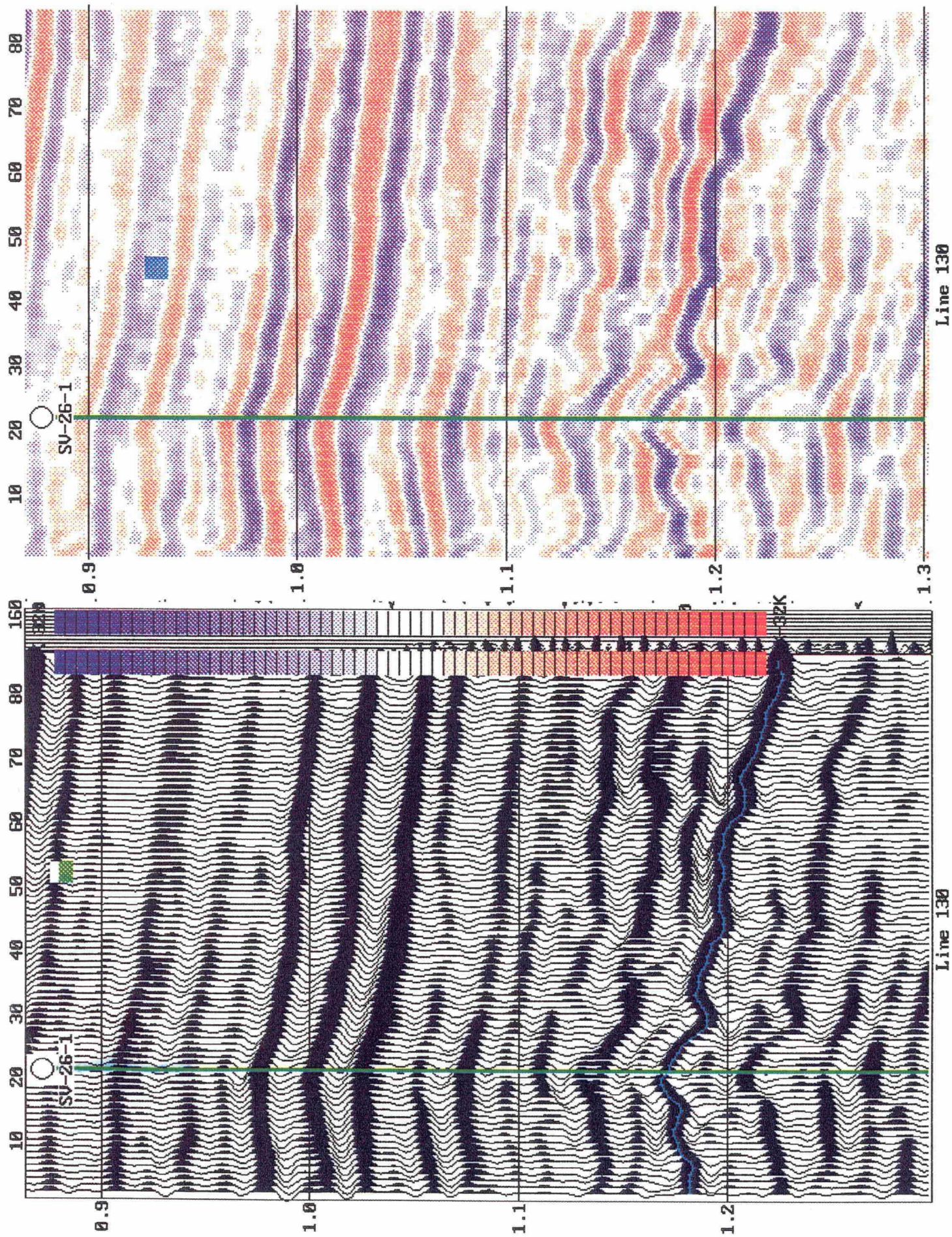
WEST KING CAMP

MISSISSIPPIAN LIME DEPTH
Chaves Co., N.M. T13S-R29E

C.I.=20'

SCALE: 1"=1000'

R.L.T.

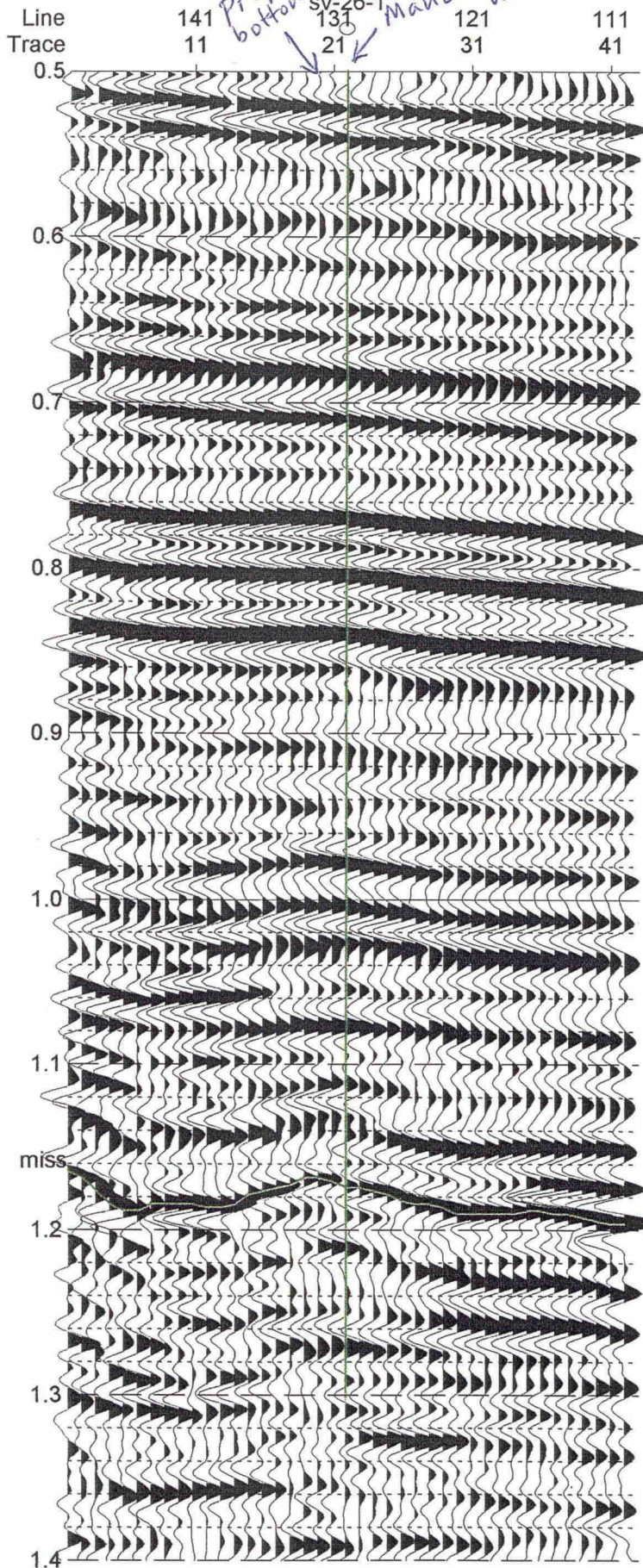


**BEFORE THE
OIL CONSERVATION DIVISION**
Santa Fe, New Mexico

Case No. 11615 Exhibit No. 4

Submitted by: Thornton Operating Corporation

Hearing Date: October 3, 1996

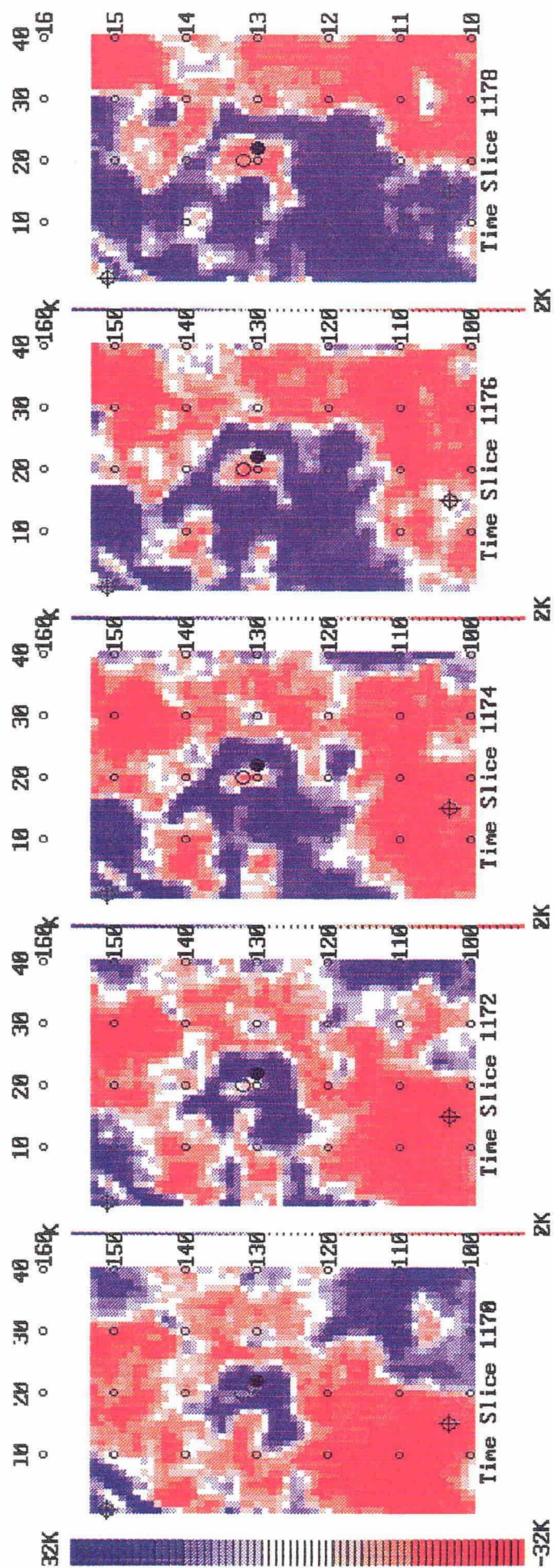
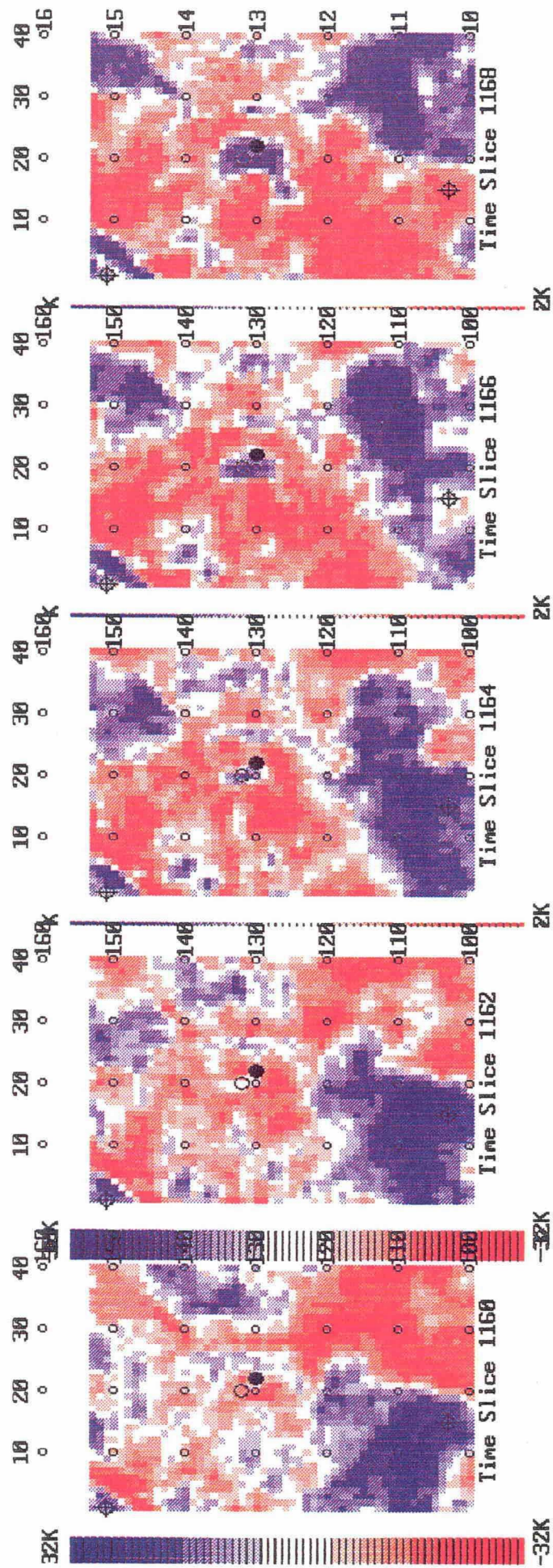


**BEFORE THE
OIL CONSERVATION DIVISION**
Santa Fe, New Mexico

Case No. 11615 Exhibit No. 5

Submitted by: Thornton Operating Corporation

Hearing Date: October 3, 1996



**BEFORE THE
OIL CONSERVATION DIVISION**
Santa Fe, New Mexico

Case No. 11615 Exhibit No. 6

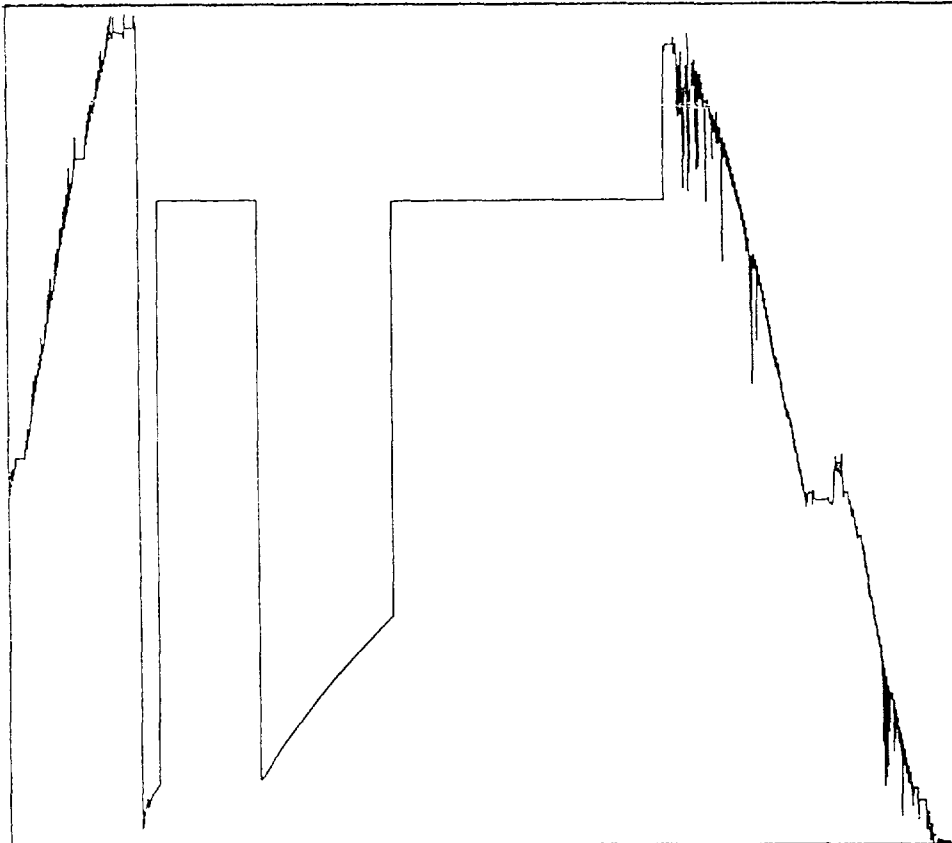
Submitted by: Thornton Operating Corporation

Hearing Date: October 3, 1996


 MANZANO OIL CORP.
 TICKET #012087

 Contractor Ziadril
 Rig No. 10
 Spot 182' FNL & 507' FWL
 Sec 26
 Twp. 13 S
 Rng. 29 E
 Field Wildcat
 County Chaves
 State New Mexico
 Elevation 3820' KB
 Formation Devonian

 Surface Choke 1/8"
 Bottom Choke 3/4"
 Hole Size 7 7/8"
 Core Hole Size None
 DP Size & Wt. 4 1/2" 16.60
 Wt. Pipe None
 I.D. of DC 2 1/4"
 Length of DC 732'
 Total Depth 9862'
 Type Test Conventional
 Interval 9828' - 9862'

 Mud Type --
 Weight 9.5
 Viscosity 40
 Water Loss --
 Filter Cake --
 Resistivity -- @ °F
 85,000 Ppm. NaCl
 B.H.T. 165.4 °F
 Co. Rep. Ronnie Carre
 Tester Mike Fraley
 Baker Dist. Hobbs NM


	REPORTED	CORRECTED
Opened Tool @	06:46	hrs.
Flow No. 1	15	16 min.
Shut-in No. 1	90	89 min.
Flow No. 2	120	119 min.
Shut-in No. 2	240	240 min.
Flow No. 3	None	Taken min.
Shut-in No. 3	"	" min.

Recorder Type	STI 8000
No. 01119	Cap. 10000 psi
Depth	9833 feet
Inside	Clock
Outside	Range
x	hrs.

Initial Hydrostatic	A	5046
Final Hydrostatic	K	4940
Initial Flow	B	94
Final Initial Flow	C	368
Initial Shut-in	D	3980
Second Initial Flow	E	387
Second Final Flow	F	1405
Second Shut-in	G	3978
Third Initial Flow	H	
Third Final Flow	I	
Third Shut-in	J	

Pipe Recovery

 Reverse circulated to reservoir pit:
 2878' Oil = 40.9 bbl.
 830' Water = 5.0 bbl.

 Gravity:
 Top: 46.0 Deg API @ 60 Deg F
 Chlorides:
 Middle: 20,000 ppm Cl. titrated.
 Bottom: 20,000 ppm Cl. titrated.

BEFORE THE
OIL CONSERVATION DIVISION
 Santa Fe, New Mexico
Case No. 11615 Exhibit No. 7Submitted by: Thornton Operating CorporationHearing Date: October 3, 1996
 McCLELLAN FEDERAL #1
 DEVONIAN ~ 9828' - 9862'

 DST #1
 09.00.1000

Company: Manzano Oil Corp.
Well: McClellan Federal #1
DST No: 1

09-28-1995

SAMPLER REPORT

Pressure in Sampler:	300	psig
Total Volume of Sampler:	2600	cc.
Total Volume of Sample:	2160	cc.
Oil:	2150	cc.
Water:	10	cc.
Mud:	None	cc.
Gas:	0.40	cu. ft.
Other:	None	
Sample:	20,000 ppm Cl. titrated.	
	Resistivity	

Make up Water	@	%F of Chloride Content	ppm.
Mud Pit Sample	@	%F of Chloride Content	85,000 ppm.
Gas / Oil Ratio	30/1 cu.ft./bbl.	Gravity	46.0
		%API @	60 °F
Where was sample drained	On Location.		

Remarks:

D.R.S.

Company: Manzano Oil Corp.
 Well: McClellan Federal #1, DST #1
 Field: Wildcat

09-28-1995

Gauge Depth 9833.0 feet

[INPUT PARAMETERS]
 (Build-Up Analysis)

Well Type - OIL

Reservoir Pressure	psia	P	3979
Reservoir Temperature	Deg F	T	165
Final Shut-in Pressure	psia	Psi	3978
Final Flowing Pressure	psia	Pwf	1405
Oil Flow Rate	STB/D	Qo	434
Sand Thickness	feet	hnet	12
Wellbore Radius	feet	rw	0.3280
Formation Porosity	%	POR	6
Extrapolated Pressure	psia	P*	3979
Extrapolated Press @ 1hr	psia	Plhr	3977
Semi-Log Slope	psi/cycle	M	-4.926
Production Time	hrs	tp	2.30
Shut-in Time	hrs	tsi	4.00

Uo (cp) 2.5823E+00
 Co (1/psi) 4.1207E-06

Bo (RB/STB) 1.1224E+00
 Ct (1/psi) 9.6810E-06

[CALCULATED RESULTS]

(Semi-Log) Analysis

Pressure Method

Transmissibility	md-ft/cp	kh/u	16078.476
Flow Capacity	md-ft	kh	41519.066
Permeability	md	k	3459.922
Skin Damage	total	S	+592.85
Pressure Drop due to Skin	psia	dP	+2536.03
Flow Efficiency	%	FE	11.48
Drainage Radius	feet	rd	2786

D.R.S.

Company: Manzano Oil Corp.
Well: McClellan Federal #1
DST No: 1

09-28-1995

This analysis has been made on the basis of the liquid recovery and equations applicable to liquid recovery tests, the Horner extrapolation method and comparative log/log analysis.

The semi-log plots indicate a maximum initial reservoir pressure of 3980 psi and a maximum final reservoir pressure of 3979 psi which is equivalent to a subsurface pressure gradient of 0.405 psi/ft at gauge depth.

The Average Production Rate which was used in this analysis has been calculated from analysis of the flow pressure curves using a liquid gradient for the recovered oil of 0.345 psi/ft.

For purposes of this analysis a Pay Thickness of 12 feet and an Average Porosity of 6% has been used.

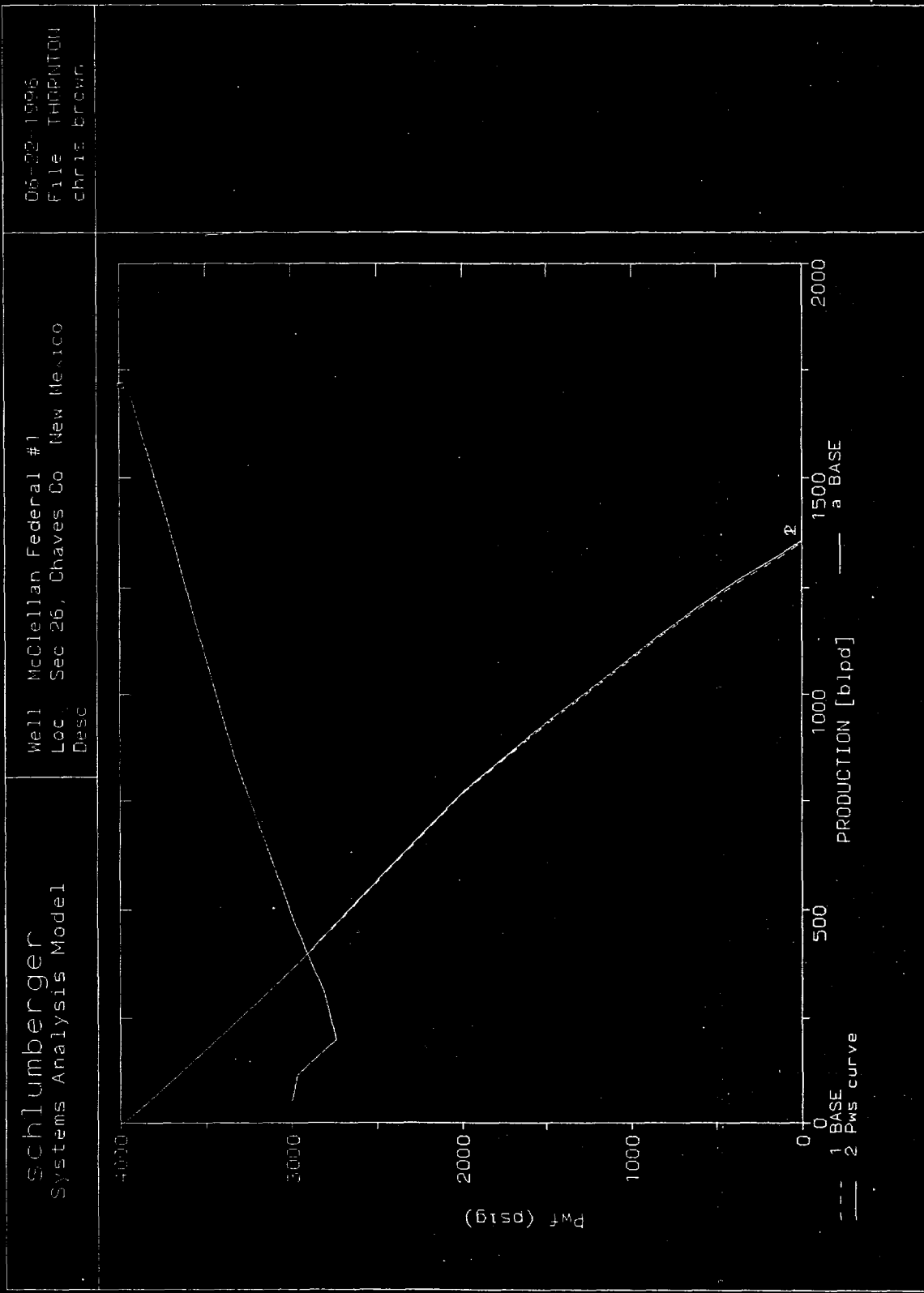
The calculated Skin Factor indicates significant well-bore damage was present at the time of this formation test.

The evaluation criteria used in the drillstem test analysis system indicate this is a good mechanical test and the results obtained in this analysis should be reliable within reasonable limits relative to the assumptions which have been made.

2 3/8" 9862' 10% water cut

Inflow →
performance
curve

Tubing
Intake
curve →



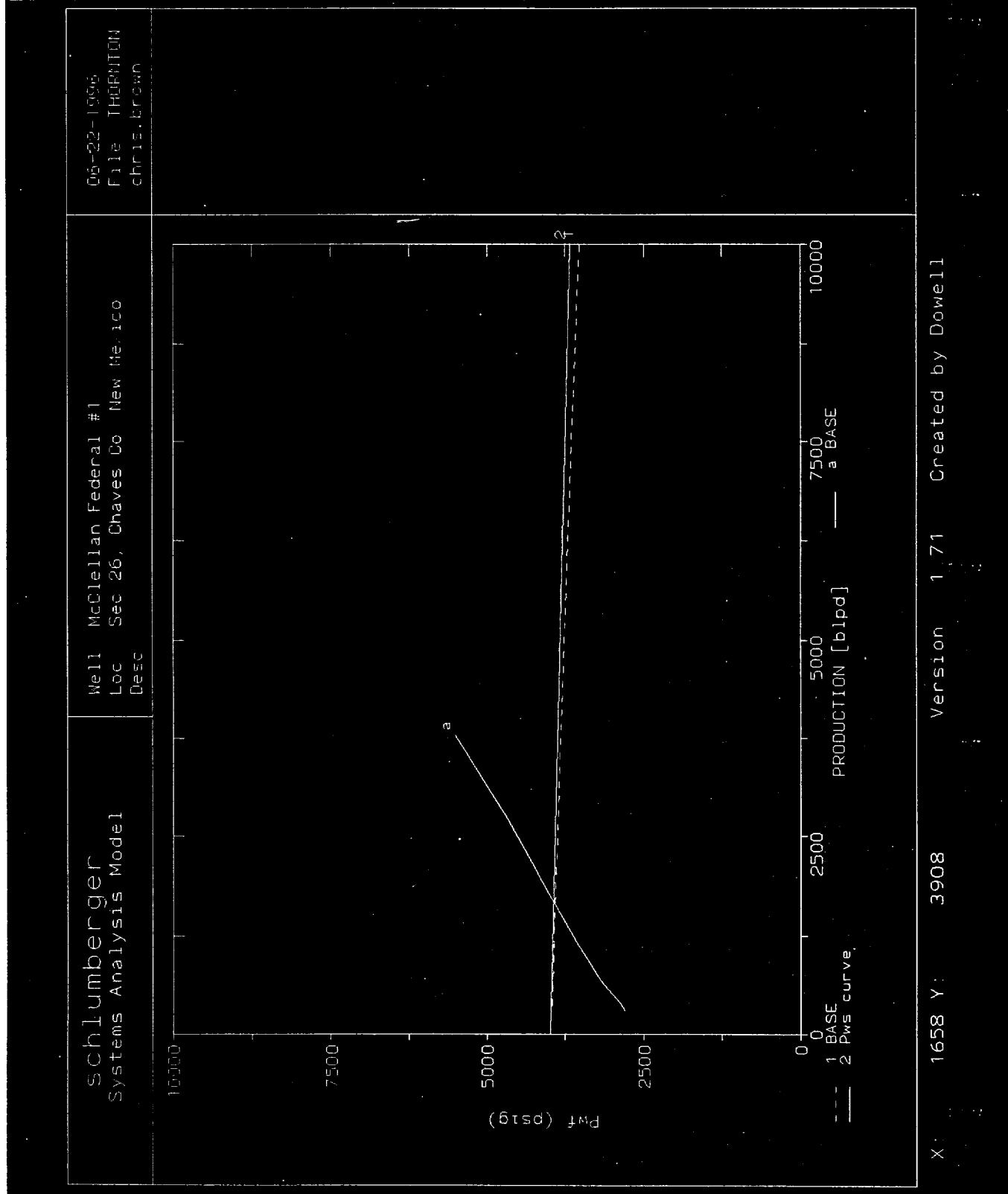
**BEFORE THE
OIL CONSERVATION DIVISION**
Santa Fe, New Mexico

Case No. 11615 Exhibit No. 8

Submitted by: Thornton Operating Corporation

Hearing Date: October 3, 1996

Submersible pump set 100' above open hole interval = 9,748'
 10% water cut



**BEFORE THE
OIL CONSERVATION DIVISION**
Santa Fe, New Mexico

Case No. 11615 Exhibit No. 9

Submitted by: Thornton Operating Corporation

Hearing Date: October 3, 1996