

DISTRIBUTION	
SANCTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROBATION OFFICE	

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

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

Operator Cleary Petroleum Corporation	
Address P. O. Box 2358 Midland, Texas, 79701	
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 _____

DESCRIPTION OF WELL AND LEASE			
Lease Name Thornton State	Well No. 1 Pool Name, including Formation North Mescalero Cisco	Kind of Lease State, Federal or Fee State	Lease No. L 2802
Location			
Unit Letter O	: 1980 Feet From The East Line and 330 Feet From The South		
Line of Section 3	Township 10-S	Range 32-E	NMPM, Lea County

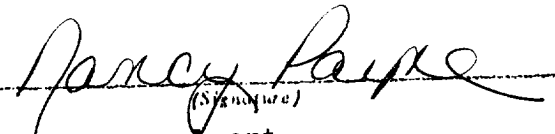
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		
Name of Authorized Transporter of Oil ☒ or Condensate ☐ Summit Gas Company	Address (Give address to which approved copy of this form is to be sent) 2510 W. Front St., Midland, Texas 79701	
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Warren Petroleum Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1589, Tulsa, Oklahoma 74102	
If well produces oil or liquids, give location of tanks.	Unit O Sec. 3 Twp. 10-S Rge. 32-E	Is gas actually connected? No When _____

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

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.D.T.D.
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoes
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

I. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED DEC 1 , 19____	
 Agent (Title)		BY Nancy Payne Agent (Signature)	
12-7-76 (Date)		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 portions 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.	

RECEIVED

DEC 6 1976

OIL CONSERVATION COMM.
HDBBS, N. M.