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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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

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

Operator Cleary Petroleum Corp.	
Address P.O. Box 2358, 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 ☐

If change of ownership give name and address of previous owner Teal Petroleum Company, P.O. Box 2358, Midland, Texas 79701

I. 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 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	, N.M.P.M.,		Lea
County					

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					
Name of Authorized Transporter of Oil ☒ or Condensate ☐			Address (Give address to which approved copy of this form is to be sent)		
Tesoro Crude Oil Company			8700 Tesoro Dr., San Antonio, Texas 78286		
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐			Address (Give address to which approved copy of this form is to be sent)		
Warren Petroleum Company			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? When No

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

V. COMPLETION DATA									
Designate Type of Completion -- (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
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			

VI. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of lead 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-Ebbl.	Water-Ebbl.	Gas-MCF

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Ebbl. Condensate/MCF	Gravity of Condensate
Testing Method (piston, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VII. 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 _____, 19____	
		BY _____	
		TITLE _____	
Maurice Baswell (Signature) Agent (Title) 10-1-76 (Date)		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 O-104 must be filed for each pool in multiple completed wells.	