NO. OF COPIES RECEIVED		, <b>*</b>	
DISTRIBUTION			Form C-104 Supersedes Old C-104 and C-11
FILE	- KEQUESI E	OR ALLOWABUE	Effective 1-1-65
U.S.G.S.			GAS
LAND OFFICE	AUGIT	NSPORT OIL AND NATURAL C	
TRANSPORTER OIL	_		
GAS			
PRORATION OFFICE			
Operator			
Thornton Petro	leum Corporation		
Address			
201 Black Build	ling, 825 Maple Avenue, Od	Other (Please explain)	
Reason(s) for filing (Check proper bo	x) Change in Transporter of:		ing name of company
Recompletion	Oil Dry Gas		Ing name of company
Change in Ownership	Casinghead Gas Condens	sate	
If change of ownership give name and address of previous owner	Rodman Petroleum Cor	poration	
	A FACE		
DESCRIPTION OF WELL AND Lease Name	Well No. Pool Name, Including Fo	rmation Kind of Leas	Lease No.
Federal	1 Jalmat Yates Se	even Rivers State, Federa	al or Fee Federal LC0298641
Location			<b></b> .
Unit Letter C ; 9	90 Feet From The North Line	and Feet From	The West
5 -	ownship 23-S Range 36	<b>5-Е</b> , ммр <b>м</b> ,	Lea County
Line of Section 5 T	ownship 23-8 Range 30		
DESIGNATION OF TRANSPOL	TER OF OIL AND NATURAL GAS	S	
Name of Authorized Transporter of O	il 🗶 or Condensate 🗌	Address (Give address to which appro	
Shell Pipe Line	Company	Box 1910, Midland, Ter Address (Give address to which appro	xas 79701
Name of Authorized Transporter of C		Phillips Building, Od	
Phillips Petrole	Unit Sec. Twp. Pge.		hen
If well produces oil or liquids, give location of tanks.	C 5 23-S 36-E		December, 1958
	with that from any other lease or pool, (		
COMPLETION DATA	Oii Well Gas Well	New Well Workover Deepen	Plug Back Same Ree'v. Diff. Ree'
Designate Type of Complet			
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
		L	Depth Casing Shoe
Perforations			
	TUBING CASING AND	CEMENTING RECORD	
HOLESIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
		ļ	
		<u> </u>	
			il and must be equal to or exceed top allo
TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a) able for this de	pth or be for full 24 hours)	
OIL WELL 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
	Old Bhis	Water - Bbls.	Gas - MCF
Actual Prod. During Test	Oil-Bble.	17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		<u>1 </u>	
GAS WELL	τ		
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Sise
			ATION COMMISSION
CERTIFICATE OF COMPLIA	NCE	ULCONSERV	
		APPROVED	, <b>19</b>
O	d regulations of the Oil Conservation d with and that the information given		· · · · · · · · · · · · · · · · · · ·
above is true and complete to	the best of my knowledge and belief.	I EY	
		TITLE	
$\frown$	-7 17	This form is to be filed in	recupliance with RULE 1104.
A Jean	mell		amphin for a newly drilled or deepen
	ignature)	well, this form must be accomp tests taken on the well in acc	cordance with RULE 111.
Production Cle	rk	All sections of this form	nust be filled out completely for alle
		able on new and recompleted	wells.
August 0 1067	(Title)	BOLE OR NEW SING ICCOMPTON	TT THE and SH fas absause of own
August 8, 1967	· · · · · · · · · · · · · · · · · · ·	Fill out only Sections I. well name or number, or transpo	II. III. and VI for changes of own orten or other such change of condition
		Fill out only Sections I. well name or number, or transpo	II. III. and VI for changes of own orten or other such change of conditi ust be filed for each pool in multi