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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND OFFICE O. C. C.
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

AUG 11 11 59 AM '67

Operator Thornton Petroleum Corporation	
Address 201 Black Bldg., 825 Maple Avenue, Odessa, Texas 79760	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Recompletion <input type="checkbox"/>	
Change in Ownership <input checked="" type="checkbox"/>	Other (Please explain) Operator changing name of company

If change of ownership give name and address of previous owner

Rodman Petroleum Corporation

NOTE: This well will be used in secondary recovery operations in the proposed Langlie-Jal Unit Queen Sand Waterflood.

II. DESCRIPTION OF WELL AND LEASE	
Lease Name Humble State <u>44</u>	Well Name, Including Location 2 Langlie Mattis Seven Rivers Queen
Kind of Lease State, Federal or Fee	State
Lease No. B-934	
Location Unit Letter <u>H</u> <u>660</u> Feet from the <u>East</u> line and <u>1980</u> Feet from the <u>North</u>	
Line of Section <u>32</u>	Quarter <u>24-S</u> Range <u>37-E</u> NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
None - well shut in	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
None - well shut in	
If well produces oil or liquids, give location of tanks.	

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

IV. COMPLETION DATA	
Designate Type of Completion - (X)	
Date Spudded	Date Compl. Ready to Prod.
Elevations (DF, RAB, RT, GK, etc.)	Name of Producing Formation
Perforations	Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE
DEPTH SET	
SACKS CEMENT	

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL	
Date First New Oil Run To Tanks	Date of Test
Length of Test	Tubing Pressure
Actual Prod. During Test	Oil - Bbls.
Producing Method (Flow, pump, gas lift, etc.)	
Casing Pressure	
Choke Size	
Water - Bbls.	
Gas - MCF	

GAS WELL

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

I. CERTIFICATE OF COMPLIANCE

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.

P. Scannell
(Signature)

Production Clerk
(Title)

August 8, 1967
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19_____
BY _____
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 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.