

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

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

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SANTA FE
FILE
U.S.G.S.
LAND OFFICE
TRANSPORTER
OIL
GAS
OPERATOR
PRORATION OFFICE

I. Operator
 Thunderbird Oil Corporation

Address
 P. O. Box 787, Artesia, New Mexico 88210

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: Tom Bius, 304 Wall Towers West, Midland, Texas 79701

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Tract 4	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
No. Caprock Queen Unit #1	12	Caprock Queen (Lea)	State, Federal or Fee	State	
Location					
Unit Letter	L	3300	Feet From The	North	Line and
					4620
					Feet From The
					East
Line of Section	31	Township	12-S	Range	32-E
					, 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)				
Water Injection Well					
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					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? When

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)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spud	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.			
Elevations (DF, RAB, 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		

V. TEST DATA AND REQUEST FOR ALLOWABLE 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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
GAS WELL			
Actual Prod. Term MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (shot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. 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.

[Signature]
 Production Clerk
 April 5, 1971
 (Date)

OIL CONSERVATION COMMISSION
 APPROVED MAY 28 1971, 19
 BY *[Signature]*
 Geologist
 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.

RECEIVED

APR 22 1971

OIL CONSERVATION COMM.
HOUSTON, TEXAS