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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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

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 <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

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 10 No. Caprock Queen Unit #1	Well No. 9	Pool Name, Including Formation Caprock Queen (Chaves)	Kind of Lease State, Federal or Fee State	Lease No.
Location Unit Letter <u>I</u> ; <u>660</u> Feet From The <u>East</u> Line and <u>1980</u> Feet From The <u>South</u> Line of Section <u>36</u> Township <u>12-S</u> Range <u>31-E</u> , NMPM, <u>Chaves</u> County				

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Amoco Pipeline Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>3411 Knoxville Ave., Lubbock, Texas</u>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>None</u>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks. <u>LACT</u>	Unit <u>A</u> Sec. <u>6</u> Twp. <u>13-S</u> Rge. <u>32-E</u>	Is gas actually connected? <u>No</u> When <u>Depleted</u>

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, RKB, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Down 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

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or better 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

## 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]  
(Signature)  
Production Clerk  
(Title)

## OIL CONSERVATION COMMISSION

APPROVED [Signature], 19\_\_\_\_  
BY John W. Ramsey  
TITLE Commissioner

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.

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OIL CONSERVATION COMM.  
HOBBES, N. M.