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NO. OF COPIES RECEIVED	NEW MEXICO OIL CONSERVATION COMMISSION		Form C-103 Supersedes Old C-102 and C-103 Effective 1-1-65		
FILE					
U.S.G.S.			5a. Indicate Type of Lease		
	-		State X Fee		
OPERATOR	-1		5. State Oil & Gas Lease No.		
SUNI (DO NOT USE THIS FORM FOR USE "APPLIC					
1. OIL GAS GAS WELL	OTHER- Injection Well		7. Unit Agreement Name No. 1 No. Caprock Queen Unit 8. Farm of Lease Name No. 1		
2. Name of Operator The ga	2. Name of Operator The ga Lit.				
Thunderbird	No. Caprock Queen Unit				
3. Address of Cperator	383		9. Well No.		
-	778, Midland, Texas 79701		Tract 9, Well No. 10		
4. Location of Well			10. Field and Pool, or Wildcat		
UNIT LETTER J,_	1980 FEET FROM THE South	LINE AND FEET FROM	Caprock Queen (Chaves)		
THEEast LINE, SEC	36 TOWNSHIP 12-S	RANGE 31-E NMPM			
	15. Elevation (Show whether	DF, RT, GR, etc.)	12. County		
	3472' (GL	Chaves		
T6. Chec	k Appropriate Box To Indicate N	ature of Notice. Report or Ot	her Data		
	INTENTION TO:		T REPORT OF:		
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING		
TEMPORARILY ABANDON		COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT		
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB			
		OTHER			
OTHER					
		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
17. Describe Proposed or Completed work) SEE RULE 1103.	Operations (Clearly state all pertinent deto	ails, and give pertinent dates, including	g estimated date of starting any proposed		
8-5/8" @ 300'			:		
5-1/2" @ 2978					
131' of 4-1/2'	" Liner set @ 2877-3008'				
12-7-74					
	displaced with salt base m	ud.			
2. CIBP was					
	ent plug was set on top of	CIBP @ 2736 to 2779'.			
4. 5-1/2" casing was shot off and pulled from 892'.					
5. Set 35 sx. cement plug in-and-out of 5-1/2" casing @ 850' to 950'.					
6. Set 35 sx. cement plug in-and-out of 8-5/8" casing @ 200' to 300'.					
7. Set 10 sx	. cement plug in and out o	om $0!$ to $20!$ and erected	d 4-1/2"		
regulation dry hole marker. 8. Cleaned up location for NMOCC approval.					
5. Creaned u	P recarron for whoce appro				

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18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGHED Noun	17. Suland		President	DATE2/4/75
	and the second second			
CONDITIONS OF APPR	OVAL, IF ANY:	TITLE	<u> </u>	DATE