NO. OF COPIES RECE	IVED			_
DISTRIBUTIO	N		<u> </u>	
SANTA FE			!	_
FILE			<u> </u>	
U.S.G.S.		<u>:</u>	<u> </u>	_
LAND OFFICE		<u> </u>	<u> </u>	
TRANSPORTER	OIL	<u> </u>	1_	
INANSPORTER	GAS		<u> </u>	_
OPERATOR		<u> </u>	_	_
DECEMBER OF	:ICE	1	1	

Form C-104

-	DISTRIBUTION SANTA FE		OR ALLOWABLE	DIC.1	Supersedes Old Effective 1-1-6	C-104 and C-110
-	FILE		AND		Effective 1-1-6.	•
}	U.S.G.S.	AUTHORIZATION TO TRAN	ISPORT OIL AND N	ATURAL GAS		
ŀ	LAND OFFICE					
t	OIL					
	TRANSPORTER GAS					
ŀ	OPERATOR					
	PRORATION OFFICE					
••	Operator					
	Thunderbird Oil Co	orporation				
	Address B O Fox 787 Art	tesia, New Mexico 88210				
		colu, new men	Other (Please	explain)		
	Reason(s) for filing (Check proper box)	Change in Transporter of:				
	New Well	Oil Dry Gas	. 🗆			
	Recompletion Change in Ownership X	Casinghead Gas Condens	sate 🔲			
	Change in Ownership					
	If change of ownership give name	Tom Bius, 304 Wall To	wers West, Midl	and, Texas	79701	
	and address of previous owner					
II.	DESCRIPTION OF WELL AND L	EASE		Kind of Lease		Lease No.
	Lease Name Tract	21 Well No. Pool ledme, increasing to	!	State, Federal or	Fee State	
	No. Caprock Queen Unit	1 5 Caprock Queen	(Lea)	Bidio, i desire es	State	-1
	Location		((0		Wost	
	Unit Letter E : 1980	O Feet From The North_Line	and 660	_ Feet From The	WEST	
	_	nshin 13-5 Range 3	2-Е , ммрм,	. Т		County
	Line of Section 5 Tow	nship 13-S Range 3	Z-L			
•	DESIGNATION OF TRANSPORT	FROF OIL AND NATURAL GA	S			
III.	Name of Authorized Transporter of Oil	Or Condensate	Address (Give address t	o which approved	copy of this form is	to be sent)
	Amoço Pipeline Cor		3411 Knoxville	Ave. Lubb	ock, Texas	
	Name of Authorized Transporter of Cas	or Dry Gas	Address (Give address t	o which approved	copy of this form is	to be sent)
	None			110		
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	is gas actually connecte	1		
	give location of tanks. LACT	A 6 13-S 32-E	No		pleted	
	If this production is commingled wit	h that from any other lease or pool,	give commingling order	number:		
IV.	COMPLETION DATA		New Well Workover	Deepen P	lug Back Same Re	s'v. Diff. Resi
	signate Type of Completio		1			
	- Signate Type of Completion					
			Total Depth	P	.B.T.D.	
	Date Spuce	Date Compl. Ready to Prod.	Total Depth			
			Total Depth Top Oil/Gas Pay		.B.T.D.	
	Date Spucs	Date Compl. Ready to Prod.		Т	Tubing Depth	
	Date Spucs	Date Compl. Ready to Prod.		Т		
	Date Spuce Elevations (DF, RKB, T. GR, etc.)	Date Compi. Ready to Prod. Name of Producing Formation	Top Oil/Gas Pay	Т	Tubing Depth	
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	Date Spuce Elevations (DF, RKB, T. GR, etc.)	Date Compi. Ready to Prod. Name of Producing Formation	Top Oil/Gas Pay	Т	Tubing Depth	MENT
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April 5, 1971

(Date)

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

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APR 221971
OIL CONSERVATION CO.MM.
HOBES, N. M.