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U.S.G.S.	
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 23	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.		
No. Caprock Queen Unit #1	15	Caprock Queen (Lea)	State, Federal or Fee	State			
Location							
Unit Letter	0	4620	Feet From The North	Line and	1980	Feet From The	East
Line of Section	6	Township	13-S	Range	32-E	NMPM,	Lea 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"/>				Address (Give address to which approved copy of this form is to be sent)			
Amoco Pipeline Company				3411 Knoxville Ave., Lubbock, Texas			
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	
LACT	A	6	13-S	32-E	No	Depleted	

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'tv.		Diff. Res'tv.	
Date Spud		Date Compl. Ready to Prod.		Total Depth		P.B.T.D.	
Elevations (DF, RKB, T, GR, etc.)		Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth	
Perforations				Depth in 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		Casing 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		OIL CONSERVATION COMMISSION	
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.		APPROVED <u>MAY 28 1971</u> , 19	
<u>[Signature]</u> (Signature)		BY <u>John W. Ramsey</u> Commissioner	
Production Clerk		TITLE	
(Title)			
April 5, 1971		This form is to be filed in compliance with RULE 1104.	
(Date)		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.	

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OIL CONSERVATION COMM.
HOBBS, N. M.