ĺ	NO. OF COPIES RECEIVED
Ì	DISTRIBUTION
ļ	SANTA FE
į	FILE
	U.S.G.5.
	LAND OFFICE
	TRANSPORTER GAS
	OPERATOR
ī.	PRORATION OFFICE
	Thunderbird Oil Co
	P. O. Box 787, Ar
	Reason(s) for filing (Check proper box)
	New Well
	Recompletion
	Change in Ownership $X$

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

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

	U.S.G.S.	AUTHORIZATION TO TRA	INSPORT OIL AND NAT	TURAL GAS	
LAND OFFICE					
	TRANSPORTER OIL				
	GAS				
	OPERATOR				
ı.	PRORATION OFFICE				
	Operator Thunderbird Oil C	orporation			
				<del></del>	
	Address D O Box 787 Ar	tesia, New Mexico 88210	)		
			Other (Please ex	olain)	
	Reason(s) for filing (Check proper box)		Office (1 tease ex	,,	
	New Well	Change in Transporter of:  Oil Dry Ga	_		
	Recompletion		7		
	Change in Ownership A	Casinghead Gas Conder	isate		
	If change of ownership give name				
	and address of previous owner	Tom Bius, 304 Wall To	wers West, Midlan	d. Texas 79701	<del></del>
		·		•	
II.	DESCRIPTION OF WELL AND I	EASE.	ormation Ki	nd of Lease	Lease No.
	Lease Name Tract	44	c.	nte, Federal or Fee State	i 1
	No. Caprock Queen Unit	#1 11 Caprock Queen	(Lea)	State	<del>-</del>
	Location	170 State State	19	- <del> </del>	7/12/
	Unit Letter K ; _330	Feet From The North Lin	e and	Feet From TheEast	
	,			<b>Y</b>	Q: 4::
	Line of Section 6 Tow	mship 13-S Range	32-E , NMPM,	Lea	County
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S CC	hich approved copy of this form i	to be sent
	Name of Authorized Transporter of Oil	or Condensate			
	Amoco Pipeline Co	mpany	3411 Knoxville A	ve. Lubbock Texas	s to be sent!
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas	Address (live address to w	nich approved copy of this form i	s to be sem,
	None				
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected?	When	
	give location of tanks. LACT	A 6 13-S; 32-E	No	Depleted	
	If this production is commingled wit	h that from any other lease or pool,	give commingling order nu	mber:	
IV.	COMPLETION DATA				1000 0000
• • •	2	Oil Well Gas Well	New Well   Workover	Deepen Plug Back Same F	les'v. Diff. Resi
	signate Type of Completion	$n - (\lambda)$			
	Date Spua	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			Orn Casing Shoe	
		TUBING, CASING, AND	CEMENTING RECORD		
	HOLE SIZE	CASIN & TUBING SIZE	DEPTH SE	SACKS C	EMENT
			//		
v	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must	feer covery of total volume	of load oil and must be equal to a	r exceed top allow-
٧.	OIL WELL	able formia de	epth or vo (or full 24 hours)		
	Date First New Oil Run To Tanks	Date of Test	Producing in thod (Flow, p.	ump, gas lift, etc.)	
	Length of Test	Tubing Press	Casing Pressure	Choke Size	
	Actual Prod. During Test	Curabla.	Water-Bbls.	Gas - MCF	
		Í			
	GAS WELL				
	Actual Prod. Teg://CF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Conden	**2
	Testi worked (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in	Choke Size	
1/1	CERTIFICATE OF COMPLIANCE	CE.	OIL CO	NSERVATION COMMISSI	ON
¥ 4.	CENTIFICATE OF COMPENSION	22	1	IAV OO 1078	
	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 MAY 28 1971, 19 19		
			1 Vale	Wayne Karn	yan_
			BY	no. por	
			TITLE	ologist	
		<i>,</i>		· - •	1 55 1104
	( A) 110 / D	1 2 16 1 10 -	This form is to be	filed in compliance with RU	min a 104. Hind or deposed
	1 11/1669 / 11	CA CATO	1	t for allowable for a newly dreaccompanied by a tabulation	I Of file coarectors
	(Sizno	ature)	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 allow-		
		tion Clerk			
	(Ti		ble on new and recor	npleted Wells.	
		5, 1971	Fill out only Sec	tions I. II, III, and VI for c r transporter, or other such ch	ange of condition.
	(Do	ite)	Canasta Forms (	C-104 must be filed for each	pool in multiply
			Separate Forms C-104 must be filed for each pool in multiply completed wells.		

RECEIVED

541 L

APR 2 2 1971

OIL CONSERMATION COMM. HOBBS, N. M.

AC. OF COCIES RECEIVED			
MOLTABLETTON			
SANTA PE			
FILE			
υ. <b>s</b> .σ.s.			
LAND OFFICE			
THANSPORTER	OIL		
I KANSFORTER	GAS		
OPERATOR			

, passe de madierne	CHIST RIBLATION SANTA FE FILE		ONSERVATION COMMISSION FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65
	U.S.G.S.  LAND OFFICE  TRANSPORTER  GAS  GAS	AUTHORIZATION TO TRA	NSPORT OIL AND NATURA	AL GAS
ļ	OPERATOR			
1.	Operator			]
	TOM	BIUS		
	Address	West, Midland, Texas 797	701	
	Reason(s) for filing (Check proper box)		Other (Please explain)	
	New Well	Change in Transporter of:  Oil Dry Ga	ıs 🗔	
	Change in Ownership X	Casinghead Gas Conder	一一	
•	If change of ownership give name and address of previous owner	merican Petrofina Company	of Texas, P. O. Box 13	311, Big Spring, Texas
H.	DESCRIPTION OF WELL AND I	EASE	ormation Kind of	Lease No.
	Lease Name sTract 22	Well No. Pool Name, Including F		ederal or Fee <b>State</b>
	North Caprock Queen Unit	-1 11 Capiton Co		-
	Unit Letter K : 33	00 Feet From The North Lir	ne and 3300 Feet F	From The <b>East</b>
	Line of Section 6 Tow	mship 135 Range	32E , NMPM,	Lea County
III.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which	approved copy of this form is to be sent)
	Amaca Pipeline Company		3411 Knoxville Ave.	pproved copy of this form is to be sent)
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas	Address (live address to which	approved copy of this form is to be sent)
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When
	give location of tanks.	A 6 13 32	<u> </u>	
	If this production is commingled wit	h that from any other lease or pool,	give commingling order number	:
17.	Designate Type of Completion	Oil Well Gas Well	New Well Workover Deepe	en Plug Back Same Res'v. Diff. Res'v.
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Date Spudded			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	Perforations			Depth Casing Shoe
			- ATHENENE DECORD	
	HOLE SIZE	CASING & TUBING SIZE	D CEMENTING RECORD DEPTH SET	SACKS CEMENT
	HOLL SIZE			
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	after recovery of total volume of loc epth or be for full 24 hours)	ed oil and must be equal to or exceed top allow-
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump,	gas lift, etc.)
		Tubing Pressure	Casing Pressure	Choke Size
	Length of Test	tubing Pressure	•	
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF
	GAS WELL		1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	Gravity of Condensate
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
ŲΙ	CERTIFICATE OF COMPLIAN	L CE	OIL CONSE	RVATION COMMISSION
T 3.			APPROVED ACCOUNT	1 1970
	I hereby certify that the rules and Commission have been complied to	uith and that the information kiven		Runyan
above is true and complete to the best of my knowledge and belief.				
			TITECeelogisi	
	,	<i>₹</i> `	This form is to be file	ed in compliance with RULE 1104.

. . . .

## VI

Jon Bion	
(Signature) Tom Blus Operator	
8-1-70	_
(Date)	

	5/E 00/10E/11/11/01/	
APPROVED	AUG 1 1 1970 , 19	
7	hn w. Kunyan	
ВУ		
TITLE	Ceelogist	

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.

OIL CONSESSION IN THE COMMING

Section 1985