	3						
DISTRIBUTION		····	_				
SANTA FE		ONSERVATION COMMIS- 200	Form C-104 Supersedes Old C-104 and C-11				
FILE		AND	Effective 1-1-65				
U.S.G.S.		NSPORT OIL AND NATURAL GA	S				
LAND OFFICE			-				
TRANSPORTER OIL	_						
GAS	4						
OPERATOR	-						
PRORATION OFFICE							
Thunderb	ird Oil Corporation	·	• *				
Address	······································						
	x 1778, Midland, Texas 79						
Reason(s) for filing (Check proper box		74 Other (Please explain)	· · · · · ·				
	Change in Transporter of: Oil X Dry Ga						
Change in Ownership	Casinghead Gas Conden						
If change of ownership give name							
and address of previous owner							
DESCRIPTION OF WELL AND	LEASE						
Lesse Name Tract	Well No Pool Name Including Fr		Lease No.				
No. Caprock Queen Uni	t #1 7 Caprock Quee	en (Lea) State, Federal o	r Foo State				
Location							
Unit Letter <u>G</u> : 19	80 Feet From The North Lin	e and <u>1980</u> Feet From The	• East				
c							
Line of Section 6 To	wnship 13-S Range	32-Е , ММРМ,	Lea County				
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	s					
Name of Authorized Transporter of Ci	1 X or Condensate	Address (Give address to which approved	d copy of this form is to be sent)				
Navaho Refining Company	ny	No. Freeman Ave., Artes	ia. New Mexico 88210				
Name of Authorized Transporter of Co		Address (Give address to which approved	d copy of this form is to be sent)				
If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected? When					
give location of tanks.	<u>A 6 13-5 32-E</u>	No					
	ith that from any other lease or pool,	give commingling order number:					
COMPLETION DATA	Cil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Rest				
Besignate Type of Completi							
Date Spudied	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
			and the second				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
Perforations			Depth Casing Shoe				
		DEPTH SET	SACKS CEMENT				
HOLE SIZE	CASING & TUBING SIZE	DEPTHEI	JACKS CEMENT				
			······································				
							
<u></u>							
TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fer ecovery of socal volume of load oil an	id must be equal to or exceed top allou				
OIL WELL	ablessor this de	pth or be for full 24 hours)					
Date First New Oil Run To Tanks	Date of Test	Producing Mathod (Flow, pump, gas lift,	etc.)				
			Choke Size				
Length of Test	Tubing Pressure	Casing Pressure	0.017 0.00				
The stand During Tool	Oil-Bbis.	Water-Bbis.	Gas - MCF				
Actual Prod. During Test		····· · · · · · · · · · · · · · · · ·					
		<u>ل</u>					
GAS WELL							
Actual Prod. Tot-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condendate				
p n t							
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size				
n'n'			<u> </u>				
CERTIFICATE OF COMPLIAN	ICE	OIL CONSERVAT	TION COMMISSION				
			1 1074 10				
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.		Joe D. Ramey					
						Dist. 1, Supv.	
Everet Sly		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.					
				Accountant		Att sections of this form must	t be filled out completely for allow
				(Title)		able on new and recompleted well	is. The and VI for changes of owner
6-27-74		weil name or number, or transporte	r of other such change of condition				
(Date)		Separate Forms C-104 must	be filed for each pool in multipl				
		i annotated walls					