ĺ	NO. OF COPIES RECEIVED							
	DISTRIBUTION	NEW MEXICO OIL CO	NSERVATION COMM					
	SANTA FE		OR ALLOWABLE					
	F:LE	1	AND					
	U.S.G.S.	AUTHORIZATION TO TRAI	NSPORT OIL AND I					
	LAND OFFICE	7011011211101110						
	OIL							
	TRANSPORTER GAS							
	OPERATOR							
1.	PRORATION OFFICE							
1.	Operator							
	Thunderbird Oil	Corporation						
	ddress							
	P. O. Box 787, A	rtesia, New Mexico 88210)					
	Reason(s) for filing (Check proper box	,	Other (Pleas					
	New Well	Change in Transporter of:						
	Recompletion	Oil Dry Gas	· 📙					
	Change in Ownership X	Casinghead Gas Conden	sate					
	If change of ownership give name and address of previous owner	Tom Bius, 304 Wall Tower	cs West, Midlan					
II.	DESCRIPTION OF WELL AND		rmat (on					
	Lease Name Tract	10						
	No. Caprock Queen Unit	#1 2 Caprock Queen	(Lea)					
	Location							
	Unit Letter B : 65	4 Feet From The North Line	and 1982					
			2-E , NMPN					
	Line of Section 6 To	waship 13-S Range 3	2-E , NMPN					
		TER OF OU AND NATURAL GA	s					
III.	Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL GA	Address (Give address					
	Water Injection Name of Authorized Transporter of Car	Address (Give address						
	None	Unit Sec. Twp. Rge.	Is gas actually connect					
	If well produces oil or liquids, give location of tanks.							
w	L	th that from any other lease or pool,	give commingling orde					
	signate Type of Completion	on - (X) Gas Well	New Well Workover					
	Date Spuce	Date Compl. Ready to Prod.	Total Depth					
	Elevations (DF, RKB, T. GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay					
	Perforations							
		TUBING, CASING, AND						
	HOLE SIZE	CASIN & TUBING SIZE	OEPTH S					
			//					
	i		· //					

(Signature) Production Clerk (Tule)

April 5, 1971

AISS. .

NATURAL GAS

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

OPERATOR								
PRORATION OFFICE	<u> </u>							
Operator								
Thunderbird Oil	Corporation			<u> </u>				
Address D. O. Box 797	Artesia, New Mexico 882	10						
Reason(s) for filing (Check proper ba	II CCO Lay I.C.	Other (Please	explain)					
New Well	Change in Transporter of:							
Recompletion	Oil Dry G	as 🔲						
Change in Ownership X	Casinghead Gas Conde	ensate						
If change of ownership give name	- n: 00/ 11 11 m	W W	d Torros	70701				
and address of previous owner	Tom Bius, 304 Wall Towe	ers west, Midian	d, Texas	79701				
THE STATE OF STATE AND	T IC ACIC			_				
	CRIPTION OF WELL AND LEASE e Name Tract 18 Well No. Pool Name, including Fo		rmation Kind of Lease					
No. Caprock Queen Unit		(Lea)	State, Federal	or Fee St	ate			
Location	<u>-</u>	٠						
Unit Letter B; 6!	54 Feet From The North Li	ne and <u>1982</u>	Feet From T	he <u>Eas</u>	t			
		00 77 27470	Tan			County		
Line of Section 6 To	ownship 13-S Range	32-E , NMPM	. Lea			County		
PECIAL PLANT OF TO 18/2DAS	RTER OF OIL AND NATURAL G	AS						
Name of Authorized Transporter of O	or Condensate	Address (Give address	to which approv	ed copy of this	form is to	be sent)		
Water Injection								
Name of Authorized Transporter of Co	asinghead Gas or Dry Gas	Address (Give address	to which approv	ed copy of this	; form is to	be sent)		
None		I annoce	ed? Whe	en.				
If well produces oil or liquids,	well produces oil or liquids,							
give location of tanks.	<u>_i</u>							
	ith that from any other lease or pool	, give commingling orde	r number:					
COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen	Plug Back	Same Restv	Diff. Resi		
signate Type of Complet		1		1 1				
Date Spuce	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.	//			
			Top Oil/Gas Pay		Tubing Depth			
Elevations (DF, RKB, T. CR, etc.)	Name of Producing Formation	100 0.17 0.03 1 47						
Perforations				De n Casin	g Shoe			
Petrorations	priorations							
	TUBING, CASING, AN	ND CEMENTING RECO	2D	,				
HOLE SIZE	CASIN & TUBING SIZE	DEPTH S	5//	SA	CKS CEME	NT		
			·					
		//		+				
L	COR ALLOWARIE (Test must be	after covery of total wall	ime of load oil	and must be eq	ual to or ex	ceed top allow		
TEST DATA AND REQUEST FOR MELL	ST DATA AND REQUEST FOR ALLOWABLE (Test must, after covery of total volume of load oil and must be equal to or exceed top allowable to the depth of the depth of full 24 hours)							
Date First New Oil Run To Tanks	First New Oil Run To Tanks Date of Test			Producing hod (Flow, pump, gas lift, etc.)				
		Casing Pressure		Choke Size				
Length of Test	Tubing Press	Cdsing Pressure		0				
Actual Prod. During Test	Croble.	Water-Bbls.		Gas-MCF				
Actual Prod. During 1881	33				_			
\								
GAS WELL								
Actual Prod. Tos: OF/D	Length of Test	Bbls. Condensate/MMC	F	Gravity of C	onden 13			
		Casing Pressure (Shut	-in)	Choke Size				
Testing (picot, back pr.)	Tubing Pressure (Shut-in)	Costed Liesame Count	,					
//				G ION TONO	MISSION			
CERTIFICATE OF COMPLIAN	VCE		CONTRA	%'0'' 1 31 '	155.014			
	t regulations of the Oil Conservation	APPROVED	1		1	9 e		
Commission by the team complied	regulations of the Oil Conservation with and that the information given		. 111	Kim	yan	1		
shove is true and complete to the	he best of my knowledge and belief.	BY	Geologia					
,		TITLE	111111111111111111111111111111111111111					
	,	11				4407		

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or despended 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.

RECEIVED

APR 221971
OIL CONSERVATION COMM.
HOBUS, N. M.