40. OF COPIES REC	E1460	!	
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			
Operator	Thi	ınde	rb
Address			
	P.	0.	Во
Reason(s) for filing	(Check	proper	box
New Well	\Box		
Recompletion			
Change in Ownership	<u> </u>		

40. OF COPIES RECEIVED	-	en mari			
DISTRIBUTION	NEW MEXICO OIL C	NEW MEXICO OIL CONSERVATION COMMISS4 Form C+104			
SANTA FE	REQUEST FOR ALLOWABLE		Supersedes Old C-104 and C-11		
FILE	AND Effective 1-1-65		,		
U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL GA	.S		
LAND OFFICE			•		
TRANSPORTER GAS	·				
OPERATOR	-				
PRORATION OFFICE Operator					
Thunderbi	rd Oil Corporation				
Address					
	1778, Midland, Texas 79	9701			
Reason(s) for filing (Check proper box,	BITECITYE GULY I, 13	74 Other (Please explain)			
New Well	Change in Transporter of:				
Recompletion	Oil X Dry Gas Casinghead Gas Conden	二 [
Change in Ownership	Cusingheda Gas Conden	sale C			
If change of ownership give name					
and address of previous owner					
DESCRIPTION OF WELL AND	LEASE				
Lease Name Tract	23 Well No. Pool Name, Including Fo	ormation Kind of Lease	Lease No.		
No. Caprock Queen Unit	ī i		State		
Location	10 Jan 16				
Unit Letter I : 33	Feet From The North Line	e and 660 Feet From Th	• East		
_		20	T		
Line of Section 6 Tov	mship 13-S Range	32-Е , ММРМ,	Lea County		
DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	s			
Name of Authorized Transporter of Cil	X or Condensate	Address (Give address to which approve	d copy of this form is to be sent)		
Navaho Refining Compan	avaho Refining Company No. Freeman Ave., Artesia. New Mexico		ia. New Mexico 88210		
Name of Authorized Transporter of Cas	Inghead Gas or Dry Gas	Address (Give address to which approve	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.	A 6 13-S 32-E	No :			
	th 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 Completion	on = (X)				
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
			Donth Casing Shoe		
Perforations			print dating and		
	TUBING CASING AND	CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
HOLE 3122					
TEST DATA AND REQUEST FO		ter recovery of total volume of load oil an	id must be equal to or exceed top allow		
OIL WELL Date First New Oil Run To Tanks	Date of Test	pth or be for full 24 hours) Producing Method (Flow, pump, gas lift,	eic.)		
Date First New Oil Run 10 Idnes	Date of 101.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
Early in or 1 oo.					
Actual Prod. During Test	Oil-Bbis.	Water-Bbis.	Gas-MCF		
GAS WELL		Invis Garage Ones	Gravity of Condendate		
Actual Prod. Toti-MCF/D	Length of Test	Bble. Condensate/MMCF	Charly or Condensation		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
Teath of Markot (prof. occ., prof.					
CERTIFICATE OF COURT IANG	CF	OH CONSERVAT	TION COMMISSION		
CERTIFICATE OF COMPLIAN	C E	OIL CONSERVAT	IIIi a		
I haveby consider that the refer and	egulations of the Oil Conservation	APPROVEO rig. Signed by	<u> </u>		
Commission have been complied w	ith and that the information given	Ice D. Ramey			
above is true and complete to the	best of my knowledge and belief.	Dist. 1, Supv.	DICTRICT !		
		TITLE - ATTOERVISOR I	JiDIIIOI -		
	, /	Dist. I, Supv. TITLE SUPERVISOR I This form is to be filed in co	mpliance with RULE 1104.		
Fueret	t Sen	to this is a request for allows	ble for a newly drilled or deepened		
(Signa	ntwe)	well, this form must be accompani tests taken on the well in accord	ied by a tabulation of the deviation		
Accountant		rante fevent du rue men m second	to filled out completely for ellow		

71.

(Title) 6-27-74

(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 ofeted wells.