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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 1097 Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Hook well to unit battery and Pipeline transportation.
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name  
and address of previous owner

CASINGHEAD GAS MUST NOT BE  
FLARED AFTER 11/1/72  
UNLESS AN EXCEPTION TO R-4070  
IS OBTAINED.

I. DESCRIPTION OF WELL AND LEASE

Lease Name Track 27 North Caprock Queen Unit	Well No. 5-Y	Pool Name, Including Formation Caprock Queen	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter <u>E</u> ; <u>2635</u> Feet From The <u>North</u> Line and <u>1315</u> Feet From The <u>West</u> Line of Section <u>8</u> Township <u>13-S</u> Range <u>32-E</u> , NMPM, Lea County				

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> AMOCO PRODUCTION COMPANY	Address (Give address to which approved copy of this form is to be sent) P.O. Box 591 Tulsa, Oklahoma 74102	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit <u>E</u>	Sec. <u>8</u>
	Twp. <u>13-S</u>	Rge. <u>32-E</u>
	Is gas actually connected? No	
	When unknown - no Market available	

If this production is commingled with that from any other lease or pool, give commingling order number:

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 7-30-72	Date Compl. Ready to Prod. 8-29-72	Total Depth 3123	P.B.T.D. 3086					
Elevations (DF, RKB, RT, GR, etc.) 4372.5 GL	Name of Producing Formation Queen	Top Oil/Gas Pay 3054'	Tubing Depth 3003'					
Perforations 1-0.49" JPF @ 3054, 3055, 3056, 3057, 3061, 3062, and 3063'	Depth Casing Shoe 3123'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
12-1/4"	9 5/8"	305'		150 sx.				
7 7/8"	5 1/2"	3123'		275 sx.				

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 be for full 24 hours)

Date First New Oil Run To Tanks 8-29-72	Date of Test 9-7-72	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure None	Casing Pressure 60#	Choke Size 2"
Actual Prod. During Test	Oil-Bbls. 92	Water-Bbls. 0	Gas-MCF TSTM

GAS WELL

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

VI. CERTIFICATE OF COMPLIANCE

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.

Signer E. Porter  
(Signature)  
Petroleum Engineer  
(Title)  
9-8-72  
(Date)

OIL CONSERVATION COMMISSION	
APPROVED	SEP 14 1972
BY	<u>John A. Harvey</u>
TITLE	SUPERVISOR DISTRICT I
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.	
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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SEP 10 1972

OIL CONSERVATION COMM  
HOUSTON, H. M.