

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

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

Operator Thunderbird Oil Corporation	
Address P. O. Box 1778, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	CASINGHEAD GAS MUST NOT BE FLARED AFTER <u>10/5/74</u> UNLESS AN EXCEPTION TO 2-4000 IS OBTAINED
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 _____	

I. DESCRIPTION OF WELL AND LEASE

Lease Name Tract 26 No. Caprock Unit No. 1	Well No. 2-Y	Pool Name, including Formation Caprock Queen	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter <u>B</u> ; <u>1310</u> Feet From The <u>North</u> Line and <u>1330</u> Feet From The <u>East</u> Line of Section <u>7</u> Township <u>13-S</u> Range <u>32-E</u> , NMPM, <u>Lea</u> County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<u>Navajo Refining Company</u>	<u>No. Freeman Ave., Artisia, New Mexico 88210</u>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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? <u>No - TSTM</u>	When <u>No market available</u>

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

III. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded <u>2-2-74</u>	Date Compl. Ready to Prod. <u>2-10-74</u>		Total Depth <u>3097'</u>		P.B.T.D. <u>3070'</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>4388' KB</u>	Name of Producing Formation <u>Queen Fm.</u>		Top Oil/Gas Pay <u>3046'</u>		Tubing Depth <u>3040'</u>			
Perforations <u>1 JPF @ 3046-3053'</u>					Depth Casing Shoe <u>3097'</u>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>11"</u>	<u>8-5/8"</u>		<u>303'</u>		<u>150 sx.</u>			
<u>7-7/8"</u>	<u>5-1/2"</u>		<u>3097'</u>		<u>275 sx.</u>			

IV. 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 <u>8-5-74</u>	Date of Test <u>8-5-74</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	
Length of Test <u>24 hrs.</u>	Tubing Pressure <u>-0-</u>	Casing Pressure <u>-0-</u>	Choke Size <u>2"</u>
Actual Prod. During Test <u>1</u>	Oil-Bbls. <u>2</u>	Water-Bbls. <u>10</u>	Gas-MCF <u>TSTM</u>

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

V. 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.

Harry F. Schram
(Signature)
President
(Title)
8-15-74
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY [Signature]
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.

RECEIVED

RECEIVED

NO 1
OIL CONSERVATION CORP.
HOLES, N. B.



Thunderbird Oil Corporation

P O. BOX 1097 • (915) 682-0524 • MIDLAND, TEXAS 79701

August 15, 1974

New Mexico Oil Conservation Commission
P. O. Box 1980
Hobbs, New Mexico 88240

Re: Thunderbird Oil Corporation
No. 2-Y North Caprock Queen Unit
Tract 26, Unit 1
1310' FNL & 1330' FEL
Sec. 7, T-13-S, R-32-E, NMPM
Lea County, New Mexico

Gentlemen:

The following Inclination Report was taken during the drilling of the captioned well:


<u>Depth</u>	<u>Inclination</u>	<u>Total Feet</u>	<u>Displacement</u>	<u>Accumulative Displacement</u>
303'	0°	303'	0	0
800'	1/4°	497'	2.19'	2.19'
1300'	1/2°	500'	4.35'	6.54'
1800'	3/4°	500'	6.55'	13.09'
1933'	1/2°	133'	1.16'	14.25'
2430'	1°	497'	8.70'	22.95'
2900'	1°	470'	8.23'	31.18'
3044'	1°	144'	2.52'	33.70'

I declare that I am authorized to make this certification, that I have personal knowledge of all information presented in this report, and that all data presented are correct and complete to the best of my knowledge.


Harry F. Schram, President

Sworn to and subscribed to before me, this 15th day of August, 1974.

BETTY W. BETHANCOURT
Notary Public
My Commission Expires
June 1, 1975


Notary Public in and for Midland, County,
T E X A S