

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
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)	Change in Transporter of:	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	CASINGHEAD GAS MUST NOT BE
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	PLANNED AFTER 5/2/74
Change in Ownership <input type="checkbox"/>		UNLESS AN EXCEPTION TO R-4070
IS OBTAINED.		

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name No. Caprock Queen Unit	No. 1 4-Y	Well No.	Pool Name, including Formation Caprock Queen	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location Unit Letter <u>D</u> ; <u>1310</u> Feet From The <u>North</u> Line and <u>10</u> Feet From The <u>West</u> Line of Section <u>8</u> Township <u>13-S</u> Range <u>32-E</u> , NMPM, <u>Lea</u> County						

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Amoco Production Company	P. O. Box 591, Tulsa, Oklahoma 74102	
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 E	Sec. 8
	Twp. 13-S	Rge. 32-E
	Is gas actually connected? No; TSTM	When No market available

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

IV. 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 1-22-74	Date Compl. Ready to Prod. 3-7-74	Total Depth 3096'	P.B.T.D. 3081'					
Elevations (DF, RKB, RT, GR, etc.) 4386' KB	Name of Producing Formation Queen	Top Oil/Gas Pay 3046'	Tubing Depth 3025'					
Perforations 1 JPF @ 3046, 47, 48, 49, 50, 53, 54, 55 & 56			Depth Casing Shoe 3095'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 11"	CASING & TUBING SIZE 8-5/8"	DEPTH SET 300'	SACKS CEMENT 150 sx					
7-7/8"	5-1/2"	3095'	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 3-7-74	Date of Test 3-13-74	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure -0-	Casing Pressure -0-	Choke Size 2"
Actual Prod. During Test	Oil-Bbls. 25	Water-Bbls. 20	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.

Kary J. Schram
(Signature)
President
(Title)
March 14, 1974
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY John W. Bryan
TITLE _____

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.