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40. OF COPIES RECE	IVED	L	
DISTRIBUTION			
SANTA FE			
FILE			
U.\$.G.\$.			
LAND OFFICE			
TRANSPORTER	OIL	<u> </u>	<u> </u>
	GAS		
OPERATOR			
PROPATION OFFICE		1	ļ

President

4/11/74

(Title)

(Date)

DISTRIBUTION		ISERVATION COMMISSIO: Form C-104		
SANTA FE		REQUEST FOR ALLOWABLE AND IZATION TO TRANSPORT OIL AND NATURAL GAS Supersedes Old C-104 and C-110 Effective 1-1-65		
FILE				
U.S.G.S.	AUTHORIZATION TO TRAN	SPORT OIL AND NATURAL GA	.5	
LAND OFFICE				
TRANSPORTER GAS				
OPERATOR				
PROPATION OFFICE				
Operator				
THUNDERBIRD OIL CORPORA	ATION			
Address				
P. O. BOX 1097, MIDLANI	, TEXAS 79701			
Reason(s) for filing (Check proper box)		Other (Please explain)		
New Well	Change in Transporter of:			
Recompletion	Oil Dry Gas	\vdash \downarrow		
Change in Ownership	Casinghead Gas Condense			
If change of ownership give name		is obtained.		
and address of previous owner				
	FASE		No.	
Legae Name	Well No. Pool Name, Including For	mation Kind of Lease	Lease No.	
No. Caprock Queen Unit	#1 10-Y Caprock Oueen	State, Federal	or Fee Fee	
Location	7 / 10 - 1 OF - 3 (1)		!	
- 2000	Feet From The South Line	and 1330 Feet From T	he <u>East</u>	
Unit Letter J : 2630	1 444 1 10m 1 100 D 4 4 7 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Line of Section 7 Town	nship 13-S Range 32	-E , NMPM, Lea	County	
Line of Section 7 Town				
I. DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	3	ad annual this form is to be cent!	
Name of Authorized Transporter of Oil	X or Condensate			
Amoco Production Compa	}	P. O. Box 591, Tulsa,	Oklahoma 74102	
Name of Authorized Transporter of Cas.	Inghead Gas or Dry Gas	Address (Give address to which approv	ea copy of this form is so be being,	
		V 100		
If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected? Whe		
give location of tanks.			o market available	
If this production is commingled wit	h that from any other lease or pool,	give commingling order number:		
V. COMPLETION DATA			Plug Back Same Res'v. Diff. Res'v.	
	Oil woil	New Well Workover Deepen	Plug Back	
Designate Type of Completio		X	P.B.T.D.	
Date Spudded	Date Compl. Ready to Prod.	Total Depth		
1-7-74	4-10-74	3094'	3080 Tubing Depth	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		
4387' KB	Oueen Formation	3041'	3025 Depth Casing Shoe	
Perforations			3094	
Perf. 9 Jets @ 3041 -	3051'	CENENTING DECORD	3032	
	TUBING, CASING, AND	DEPTH SET	SACKS CEMENT	
HOLE SIZE	CASING & TUBING SIZE		150 sx.	
11"	8-5/8"	315'	275 sx	
7-7/8"	5-1/2"	3094'		
			<u> </u>	
		for secondary of ental values of land oil	and must be equal to or exceed top allow	
V. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a able for this de	pth or be jor juli 24 nours)		
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	ift, etc.)	
•	4-10-74	Pump		
4-8-74	Tubing Pressure	Casing Pressure	Choke Size	
Length of Test	-0-	-0-	2"	
Actual Prod. During Test	Oil-Bbls.	Water - Bbis.	Gas-MCF	
Actual Prod. During 1451	15 BO	75 BW	TSTM	
	1			
CAC WELL			To	
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
Notice Fice 135			Chaha Siga	
Testing Method (pitos, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
* married laterings barrels and a second				
VI. CERTIFICATE OF COMPLIAN	ICE	OIL CONSERV	ATION COMMISSION	
VI. CERTIFICATE OF COMPLIAN			19	
فللتعلية الهرياس لهرزان والوال	regulations of the Oil Conservation	APPROVED /	1.)	
I hereby certify that the rules and Commission have been complied	with and that the information given heat of my knowledge and belief.	la de la	Tang	
above is true and complete to th	e best of my knowledge and belief.	BY_		
		TITLE		
		This form is to be filed in	compliance with RULE 1104.	
. I si	//)			
Hams I. S	Uhman			
Mary T. Signature)		well, this form must be accompanied with RULE 111. 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.