DISTRIBUTE	į	
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
IRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OF		
Operator		

SANTA FE			REQUEST FOR					Form C-104 Supersedes Old C-104 and C-11	
FILE				AND				Effective 1-1-65	
LAND OFFICE		_ AUTHORIZATION TO	TRA	NSPORT	OIL AND	NATURAL O	SAS		
	OIL	-							
IRANSPORTER	GAS	7							
OPERATOR		·							
PRORATION OFF	FICE			·					
Vega P	etroleum C	orporation							:
Address		<u> </u>							
		Midland, Texas 79701							
Reason(s) for filing ((Check proper bo	Change in Transporter of:			Other (Please	e explain)			
Recompletion			Dry Ga	s			N		
Change in Ownership	· [3]	Casinghead Gas	Conden	isate 🔲	Change	is effec	tive Apr	<u>p</u> 1, 1	975
If change of owners	hio give name								·····
and address of prev		Thunderbird Oil Co	rpor	ration,	P. O. B	ox 1778,	Midland	, Texas	79701
DESCRIPTION O	F WELL AND	LEASE							
Lease Name	Tract #4	Well No. Pool Name, Inclu	ding Fo	ormation		Kind of Lease)		Lease No.
No. Caprock	Queen Uni	t #1 12 Caprock C	<u>)ueen</u>	(Lea)		State, Federa	lorFee (State	ļ
	r. 196	20 = = = Couti	h		660		T.T.	4.	
Unit Letter	::	Feet From The South	<u>.I </u>	e and	660	Feet From ?	The WE	est	
Line of Section		waship 12-S Rang	ie	32-E	, NMPM	, L	ea		County
DESTANTANTAN A	E EDANCDOD	TED OF OUR AND NATURA		5	,	,			
Name of Authorized	F TRANSPUR Transporter of Ca	TER OF OIL AND NATURA : X or Condensate	L GA		Give address	to which approx	ed copy of ti	his form is to	be sent)
Navaho Refi	ning Compa	ny		No. F	reeman A	ve., Arte	sia, Nev	w Mexico	88210
Name or Authorized	Transporter of Ca	isinghead Gas or Dry Gas	_	Address	Give address	to which approx	ed copy of t	his form is to	be sentj
		Unit Sec. Twp. Po	je.	1 778 00	tually connecte	ed? Whe			
If well produces oil of give location of tank		A 6 13-S 3	_	3 343 40	No	1	-11		
If this production is	commingled w	ith that from any other lease or		give comp		r number:	· · · · · · · · · · · · · · · · · · ·		
COMPLETION DA	ATA								
Besignate Typ	e of Completi	on - (X) Oil Well Gas V	vell	New Well	Workover	Deepen	Plug Back	Same Res	v. Diff. Rest.
Date Spudged		Date Compl. Ready to Prod.		Total De	pth .	<u> </u>	P.B.T.D.	_ `	
Elevations (DF, RKB, NT, GR, etc., N		Name of Producing Formation		Top Oll/Gas Pay		Tubing Der	Tubing Depth		
Perforations				L			Depth Cast	ing Shoe	
		TUBING, CASING		CEMENT					
HOLE	SIZE	CASING & TUBING SIZE	<u> </u>		DEPTH S		S	ACKS CEMI	ENT
				·			!		
							<u> </u>		
·			_ ,		,		·		
TEST DATA AND OIL WELL	REQUEST F	OR ALLOWABLE (Test mus able for	re be af Para des	ter ecover pth or bit fo	y of total volu or full 24 hours	me of load oil (')	and must be o	iqual to or ex	rceed top allow-
Date First New Oil F	Run To Tanks	Date of Teet				, pump, gas lif	t, etc.j		
							·		
Length of Test		Tubing Press.	ļ	Cosing P	teseme	`\.	Choke Size	,	
Actual Prod. During	Test	Q#-Bbls.		Water - Bb	is.		Gas-MCF		
							`\ <u> </u>		
								4	
GAS WELL Actual Prod. Took	ICE (D	Length of Test		Bbls. Cor	ndensate/MMC		Gravity of	Condent	
Actual Prod. 1000	,0175	Length of Teet		55.6. 30.	201100107 (4111)	•	G.L.I., G.	00.100.10	
Testic Method (pito	t, back pr.)	Tubing Pressure (Shut-in)		Casing P	ressure (Shut-	-in)	Choke Size)	
									
CERTIFICATE O	F COMPLIAN	CE			OIL	CONSERVA	TION CO	MMISSION	i
				APPRO	OVED	<i>*</i> \\			19
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.			Charles Comment of the Comment of th						
bove is true and	complete to th	e best of my knowledge and be	mef.	BY					
			.	TITLE			·		
Glen D. aaron			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						
									D * * · · ·
President,		oleum Corporation		Al able or	l sections of new and re-	this form mu completed we	st be filled.	out complet	tely for allow-
	arch 26, 1	975	_	F:	It out only	Sections I. II	. III. and N	VI for chan	ges of owner,
		ate)	i	well no	ume or numbe	r, or transport	er, or other	such change	of condition.

well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply