

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 Vega Petroleum Corporation	
Address P. O. Box 2383, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change is effective <u>May</u> <u>April</u> 1, 1975	

If change of ownership give name and address of previous owner Thunderbird Oil Corporation, P. O. Box 1778, Midland, Texas 79701

Lease Name Tract #26 No. Caprock Queen Unit #1		Well No. 1	Pool Name, Including Formation Caprock Queen (Lea)	Kind of Lease State, Federal or Fee	State	Lease No.
Location						
Unit Letter <u>A</u> ; <u>660</u> Feet From The <u>North</u> Line and <u>660</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						

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)		
Navaho Refining Company							No. Freeman Ave., Artesia, New Mexico 88210		
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>A</u>	Sec. <u>6</u>	Twp. <u>13-S</u>	Rge. <u>32-E</u>	Is gas actually connected?	When			
<u>No</u>									

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

Designate Type of Completion - (X)										Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
Date Spudded		Date Compl. Ready to Prod.		Total Depth		P.B.T.D.											
Elevations (DF, RAB, RT, GR, etc.)		Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth											
Perforations						Depth Casing Shoe											
TUBING, CASING, AND CEMENTING RECORD																	
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT											

Date First New Oil Run To Tanks				Date of Test		Producing Method (Flow, pump, gas lift, etc.)	
Length of Test		Tubing Pressure		Casing Pressure		Choke Size	
Actual Prod. During Test		Oil-Bbls.		Water-Bbls.		Gas-MCF	

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	

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.

Glenn D. Aaron  
(Signature)  
President, Vega Petroleum Corporation  
(Title)  
March 26, 1975  
(Date)

OIL CONSERVATION COMMISSION

APPROVED APR 22 1975, 19\_\_\_\_

BY Joe E. Gentry  
Eng. Sign. by

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.