	DISTRIBUTION SANTA FE	NEW MEXICO OIL				Form C-104 Supersedes Old C-104 and C-116 Effective 1-1-65	
1.	U.S.G.S. LAND OFFICE IRANSPORTER OIL GAS OPERATOR PRORATION OFFICE	AUTHORIZATION TO TRA	AND	NATURAL GA	AS		
	Operator Vega Petroleum Corporation						
	Address						
	P. O. Box 2383, Midland, Texas 79701 Reason(s) for filing (Check proper box) Other (Please explain)						
	New Well	Change in Transporter of: Oil Dry Gas			<u>م</u> ٢		
	Change in Ownership X	Casinghead Gas Conder		is effect	ive April 1, 1	L975	
	If change of ownership give name	Thunderbird Oil Corpor	cation. P. O. B	0x 1778. M	lidland. Texas	79701	
	and address of previous owner			<u> 1//0, P</u>	ildiald, lexas		
	DESCRIPTION OF WELL AND LEASE           Lease Name         Tract #25           Well No.         Pool Name, Including Formation           Kind of Lease					Lease No.	
	No. Caprock Queen Unit	#1 3 Caprock Queer	n (Lea)	State, Føderal	or Fee State		
	Unit Letter C ; 660 Feet From The North Line and 1980 Feet From The West						
	Line of Section 7 Tow	mship 13-S Range	32-е , ммрм	, Le	a	County	
l					<u>.</u>	county	
<b>I</b> .	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Cil	CER OF OIL AND NATURAL GA           X         or Condensate	S Address (Give address	o which approve	d copy of this form is t	o be sent)	
	Navaho Refining Compan		No. Freeman A				
	Neme of Authorized Transporter of Cas	Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)					
Ì	If well produces oil or liquids, Unit Sec. Twp. P.ge. is gas actually connected? When						
1	give location of tanks. A 6 13-S 32-E NO 6 13-S 132-E 100 100 100 100 100 100 100 100 100 10						
	COMPLETION DATA	<sup>1</sup> Oil Well <sup>1</sup> Gas Well	New Well Workover		Plug Back Same Res	v. Diff. Rest.	
	Designate Type of Completio						
İ	Date Spud Date	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.	-	
	Elevations (DF, RAB. RT. GR, etc.,	Name of Producing Formation	Tep Cil/Gas Pay		Tubing Depth		
	Perforations		1		Conth Casing Shoe		
+	HOLE SIZE CASING A TUBING SIZE DEPTH SET				SACKS CEM	ENT	
					· · · · · · · · · · · · · · · · · · ·		
-					· · · · · · · · · · · · · · · · · · ·		
ł							
	TEST DATA AND REQUEST FOR ALLOWABLE       (Test must be after covery of total volume of load oil and must be equal to or exceed top allowable (or full ad hours)         DIL WEIL       able (or full ad hours)         Date First New Oil Run To Tanks       Date of Test         Preducing Method (Flow, pump, gas lift, etc.)						
┟	Length of Test	Tubing Presson	Casing Pressure		Choke Size		
	Actual Prod. During Test	Car Bbis.	Water-Bbis.		Gas - MCF		
	GAS WELL						
ſ	Actual Prod. Tes: MCF/D	Longth of Test	Bbls. Condensate/MMC	-	Gravity of Condense		
-	Testic Method (pitot, back pr.)	Tubing Pressure ( Shut-in )	Casing Pressure (Shut	-in)	Choke Size		
	/						
1.	CERTIFICATE OF COMPLIANC	) <b>E</b> ,		UNSERVAT	ION COMMISSION	N	
1	I hereby certify that the rules and r Commission have been complied w	APPROVED, 19, 19		19			
	above is true and complete to the	BY					
		TITLE					
	flew 10 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				
-	(Signature)		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.				
-	President, Vega Petro	All sections of this form must be filled out completely for allow- able 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.					
-	March 26, 19						
-	(Da			C-104 must	be filed for each po		