I.	NO, OF COPIES RECEIVED DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER OIL GAS OPERATOR PHORATION OFFICE Operator MURPHY MINERA Address P.O. Drawer 2 Reason(s) for filing (Check proper box) New Well Recompletion Change in Ownership[X]	REQUEST AUTHORIZATION TO TRA LS CORPORATION 164 Roswell, New	Other (Please explain)	Form C-104 Superardes Old C-104 and C-11 Effective 1-1-65 AS
	If change of ownership give name and address of previous owner	VEGA PETROLEUM CORPOR	ATION, P.O. Box 2383,	Midland, Texas 79701
IL DESCRIPTION OF WELL AND LEASE				
	Lease Name Tract # No Caprock Queen Unit	29   Well No.   Pool Name, Including Fo	Queen (Lea) State, Federal	
	Location Unit Letter N ; 33	OFeet From TheLind	e and 1980 Feet From T	heWest
	Q		32E , NMPM, Le	
11	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	S	
	Name of Authorized Transporter of Oil NAVAJO REFINING COM	X or Condensate	No Freeman Ave., Arte	sia, New Mexico 88210
	Neme of Authorized Transporter of Cas	Inghead Gas or Dry Gas	Address (Give address to which approv	ed copy of this form is to be sent)
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Pge. A 6 135 32E	Is gas actually connected? Whe NO	n
	If this production is commingled with			·····
V.	COMPLETION DATA Designate Type of Completio	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same fies'v. Diif. Res'v.
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth
	Perforations		<u> </u>	Depth Casing Shoe
		TUBING, CASING, AND	CEMENTING RECORD	<u> </u>
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
v.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top-allow- oil, WEIL			
	Dute First New Oil Bun To Tanks	Date of Test	Producing Method (Flow, pump, gas lif	t, etc.)
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Pred. During Test	Oil-Bblo.	Water-Bbls.	Gae-MCF
	GAS WELL	Length of Test	Bbls. Contensate/MMCF	Gravity of Condensate
	Teating kivihed (pitos, back pr.)	Tubing Prozews (Shuu-iu)	Casing Pressure (Shut-in)	Chcke Size
/1.	I. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
	I hereby cortify that the rules and r Commission have been complied w	ith and that the information given	APPROVED  WIAIL  2.137.0  19    BY	
	above is true and complete to the best of my knowledge and belief.		TITLE 1, 000%	
	A LAT		This form is to be filed in compliance with RULE 1104.	
	_ Wonald P	e Aufor	If this is a request for allowable for a newly difficillater deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with NULL 111. All sections of this form must be filled out completely for allow- able on now and iso completed wells. Fill out only Sections I. U. HI, and VI for changes of owner, well name or number, or transporter, or other such change of condition.	
	Agent			
	(Tit	(e)		
	(Du	:=)		