

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

JUN 21 8 32 AM '68

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

I. Operator
Triton Oil & Gas Corp.
 Address
2626 Republic Bank Tower, Dallas, Texas 75201

Reason(s) for filing (Check proper box)
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name **Continental-State** Well No. **2** Pool Name, Including Formation **Unconsolidated** Kind of Lease **State** Lease No. **OG 1633**

Location
 Unit Letter **H** ; **1980** Feet From The **North** Line and **660** Feet From The **East**
 Line of Section **22** Township **18 S** Range **34 E** , NMPM, **Lea** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate
Admiral Crude Oil Corporation Address (Give address to which approved copy of this form is to be sent)
P. O. Box 1713, Midland, Texas 79701

Name of Authorized Transporter of Casinghead Gas or Dry Gas 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 **H** Sec. **22** Twp. **18S** Rge. **34E** Is gas actually connected? **No** When

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	<input checked="" type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v.	<input type="checkbox"/> Diff. Res'v.
Date Spudded 5-19-68	Date Compl. Ready to Prod. 6-12-68	Total Depth 4792'	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) 4003.5 GR	Name of Producing Formation Queen & Penrose	Top Oil/Gas Pay 4463'	Tubing Depth 4676'					
Perforations 4475', 83', 92', 4502', 58', 84', 4611', 4734', 40'			Depth Casing Shoe 4792'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8" 24#		447'		275 sz (Cnt. Circulated)			
7-7/8"	4-1/2" 9.5# J-55		4792'		350 sz Incore w/4% Gel			
	2-3/8" tubing		4492'					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 6-12-68	Date of Test 6-17-68	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure 0	Casing Pressure 20	Choke Size None
Actual Prod. During Test 47 Barrels Oil	Oil-Bbls. 47	Water-Bbls. Trace	Gas-MCF 350

GAS WELL

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

VI. CERTIFICATE OF COMPLIANCE

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.

AH Eubank
 (Signature)

Vice President

(Title)

June 21, 1968

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19

BY *[Signature]*

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.