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	U.S.G.S.									
	LAND OFFICE									
	TRANSPORTER	OIL	<u></u>							
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	OPERATOR									
ı.	PRORATION OF	<u></u>	<u> </u>							
	Operator									
	Worldwide Energy									
	Address									
	303 Gulf Building									
	Reason(s) for filing (Check proper box)									
	New Well									
	Recompletion V									
	Change in Ownership X									
	If change of owners	hip giv	/é nar	ne 🕌						

NEW MEXICO OIL CONSERVATION COMMISS

Form C-104 Supersedes Old C-104 and C-110

37.17.7.2	KEQUESI I	FUR ALLOWABLE	Effective 1-1-65			
FILE	·	AND				
U.S.G.S.	_ AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL	GAS			
OIL	-					
TRANSPORTER GAS	-					
OPERATOR	+		·			
PRORATION OFFICE						
Operator						
Worldwide Energy	Corporation					
Address						
303 Gulf Building	, Midland, Texas, 79701					
Reason(s) for filing (Check proper box		Other (Please explain)				
New Well	Change in Transporter of:	_				
Recompletion	Oil Dry Ga	s 🔲				
Change in Ownership X	Casinghead Gas Conden	sate				
and address of previous owner	riton Oil & Gas Corp., 2	310 Republic Bank Towe	r, Dallas, Texas, 75201			
•						
H. DESCRIPTION OF WELL AND	LEASE	ormation Kind of Lea	ise Lease No.			
Lease Name	Well No. Pool Name, Including Fo	i i	-			
J. L. Isbell	3 Jalmat Yates 7	Rivers Tansill State, Fede	ral or Fee Fee G152436			
Location	No. 11-11-	1000	r			
Unit Letter G; 198	BO Feet From The North Lin	e and 1980 Feet From	n The Last			
		365	l no			
Line of Section 15 To	waship 24S Range	36E , NMPM,	Lea County			
II PECIOS IMION OF TO INCOOR	TED OF OH AND NATURAL CA	c				
II. DESIGNATION OF TRANSPOR Name of Authorized Transporter of Ot.	or Condensate	Address (Give address to which app	roved copy of this form is to be sent)			
Shell Pipe Line Corp		Box 2648, Houston,				
Name of Authorized Transporter of Ca	singhead Gas X or Dry Gas 7		roved copy of this form is to be sent)			
		El Paso, Texas				
El Paso Natural Gas	Unit Sec. Twp. Ege.	Is gas actually connected?	Vhen			
If well produces oil or liquids, give location of tanks.	G 15 24S 36E	Yes				
If this production is commingled wind V. COMPLETION DATA	th that from any other lease or pool,	Five comminging order number:				
	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.			
Designate Type of Completi	on - (X)		l l t			
Date Spudded	Date Compi. Ready to Prod.	Total Depth	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
Perforations			Depth Casing Shoe			
		CEMENTING RECORD	CAOVE OFFICE			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
	 					
	 					
	JOD ALY OF ADVICE	4	ill and must be sound to as succeives allow			
V. TEST DATA AND REQUEST F	'UK ALLUWABLE (Test must be a able for this de	fter recovery of total volume of load o epth or be for full 24 hours)	oil and must be equal to or exceed top allow			
OIL WELL Date First New Cil 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			
	,					
·						
GAS WELL		· · · · · · · · · · · · · · · · · · ·				
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
			Challes State			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
		 				
VI. CERTIFICATE OF COMPLIAN	ICE	11	VATION COMMISSION			
•	•	don.	1 3 1972 , 19			
I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED APPROVED	1016-,19			
Commission have been complied	with and that the information given the best of my knowledge and belief.	BY	Orig. Signed by			
above is true and complete to the		Joe D. Ramey TITLE				
			TITLE Dist. I, Supv.			
Quoling () (.)	This form is to be filed in compliance with RULE 1104.				
1x10VX	5. May	If this is a request for allowable for a newly drilled or deepened				

(Signature) Agent

(Date)

February 23, 1972

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.

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LAND OFFICE	ļ		
THAMSPORTER	GAS		
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VI.

(Date)

SANTA FE					-i -i			FOR AL	LOWABLE	55I1- 2 -7	Supe	n C-104 ersedes Ola ective 1-1-6	I C-104 and (C-110
FILE U.S.G.S.		-		ΔI	ITHODI	IZATION	J TO TRA	AND WSPOP1	ΓOIL AND N	ATHDAL (C114C 1-1-0	. .	
LAND OFFICE	т			7,0	,,,,,	1271101	TIO INA	1101 01	OIL AND I	ATORAL)A3			
TRANSPORTER	GAS													
OF FITOR	1													
C. FION OFF	TICE							·						
	on Of	i1 &	Gas	Corp	ρ.									
Address 2310) Repi	ıbli c	. Ban	k To	ower.	Dalla	s, Texa	s 7520	1					
Reason(s) for filing									Other (Please	explain)				-
New Well				Char	nge in Tr	ransporter	of:	٠						
Recompletion Change in Ownership				O11	inghead (Dr y G a Conder							
-														J
If change of owners and address of prev				Argu	us Pro	oductio	on Comp	any, 31	313 Republ	ic Bank	Tower, D	allas,	Texas 7	520. ——
DESCRIPTION O	F WEY	J. AN	D LEZ	ASE										
Lease Name		10 .1.4	<u>D 11111</u>	Wel	i		Including F		1	Kind of Leas		Doo	Lease N	- 1
J. I. Isk					3 3	almat	rates	/ RIVe	cs Tansil	State, redero	l cr Fee	Fee	G152436	-
/ (Unit Letter	3	·	1980	Fee	et From T	The	North	e and	1980	_ Feet From	TheEa	st		
	15				24S			36E	, NMPM,		L	ea	Count	,
Line of Section			rownsh.	τħ.			Range		, INNEW,				Count	
DESIGNATION O	F TRA	NSPO	RTER	OF		ND NAT		Address	(Give address to	o which appro	ved copy of th	is form is t	o be sent)	<u>1</u>
					oratio	_	<u></u>		Box 2648,				,	
Name of Authorized							Gas X	Address	(Give address to		ved copy of th	is form is t	o be sent)	
ET F	aso 1	vatur 	al G		Compar Sec.	Twp.	Rge.	Is gas a	El Paso,		en			
If well produces oil give location of tank		.s,	1	~	15	249	1	-	Yes					
If this production is		ngled	with th	at fro	om any c	ther leas	se or pool,	give com	mingling order	number:				
COMPLETION D					011	Well	Gas Well	New Wel	Workover	Deepen	Plug Back	Same Res	s'v. Diff. Re	s'v.
Designate Typ	pe of C	omple	tion -	- (X)	<u> </u>	1		i) 	!		1		
Date Spudded			Da	ite Cor	mpl. Rea	dy to Prod	l .	Total De	pth		P.B.T.D.			
Elevations (DF, RK)	B, RT, G	R, etc.	; Na	ıme of	Producir	ng Formati	.on	Top Oil/	'Gas Pay		Tubing Dep	th		\dashv
-				 -				<u> </u>			Depth Casir	ng Shoe		\dashv
Perforations														
								CEMEN	TING RECOR					
HOLE	SIZE	_ 		<u>CA</u>	SING &	TUBING	SIZE	 	DEPTH SE	<u> </u>	57	ACKS CEN	MENT	-
								 			 			
TEST DATA AN	D DEO		FOR	ATT	OWARI	E (Tax	re muse ha o	íter recoue	ry of total volu	ne of load oil	and must be e	qual to or	exceed top a	Llow-
OIL WELL								pth or be j	for full 24 hours)				 -
Date First New Oil	Run Toʻ	Tanks	Da	ate of	Test			Producin	ng Method (Flow	, pump, gas ti	jt, etc.)			
Length of Test			Tu	ibing [Pressure			Casing F	ressure		Choke Size			
Actual Prod. During Test		- 	Oil · Bbls. ·					bls.		Gas-MCF	Gas-MCF			
Actual Prod. During				וומט			·							
Actual Prod. Test-	MCF/D		Le	ngth c	of Test			Bbls. Co	endensate/MMCF		Gravity of C	Condensate	· · · · · · · · · · · · · · · · · · ·	
				<u> </u>		· · · · · · · · · · · · · · · · · · ·			A-1	453	(C) -1 - 5:			
Testing Method (pit	ot, back	pr.)	Tu	iping F	⊱ressure	(shut-in	1,	Casing I	ressure (Shut-	-4++ j	Choke Size			
CERTIFICATE (OF CO	MPLI/	INCE						OIL C	ONSERVA	ATION CON	MISSIO	N	
								1	OVED MA	R-29	971		19	
I hereby certify th Commission have	been co	omplie	d with	and	that the	e informa:	tion given			XI	2			
above is true and	comple	te to	the be	st of	my kno	wiedge a	nd belief.	BY_	77	1160	and the same			
								TITIL	É	UPERVISC	DR/DISTIN	<u>U i </u>		
1	$\cdot ()$	ً . کے	11_	_ 0					his form is to					
Vav	20× .	<u></u>	ignature	<u>×</u>		·		well	this is a requ this form must	be accompa	inied by a ta	bulation of	of the devia	tion
Chie	ef Enc							tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow-						
(Title) March 24, 1971					able	able on new and recompleted wells. Fill out only Sections I II. III. and VI for changes of owner,								
								. 10	ALL AND ORIU C	MOTIONA I I	, iii. sent V	LULUINE	UI UW	

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.

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OIL CONSERMATION COULD.

Operator	PRODUCTION				
PRORATION OF	ICE				
OPERATOR					
	GAS				
TRANSPORTER	OIL				
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(Title) January 19, 1968

(Date)

NEW MEXICO OIL CONSERVATION COMMISSION

Form C=104

	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-11				
	FILE		AND	Effective 1-1-65				
	U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL	L GAS				
	LAND OFFICE		and the					
	TRANSPORTER GAS		A					
	OPERATOR	- 						
ı	PRORATION OFFICE							
	Operator ARGUS PRODUCT [ON COMPANY						
	Address 2212 Republic	Bank Tower, Dallas, Texas	75301					
	Reason(s) for filing (Check proper b	-	Other (Please explain)					
	New Well	Change in Transporter of:	Office (1 tease explain)					
	Recompletion	Oil Dry Go	rs [
	Change in Ownership	Casinghead Gas Conde	nsate 🔲					
		Clara T. Scott & First	Mational Bank in Dalla	s, Trustee under will of				
	If change of ownership give name and address of previous owner	Paul P. Scott, Dallas,						
	•							
II.	DESCRIPTION OF WELL AND	Well No. Pool Name, Including F	Tormation Kind of Le	dase Lease No.				
	J. L. isbell		[,	eral or Fee Fee G152436				
	Location	Jainet Tales /	Rivers Tans III State, Fed					
	Unit Letter 6	980 $_{ m Feet\ From\ The}$ North $_{ m Lir}$	ne and 1980 Feet Fro	m The East				
	Line of Section 15	Cownship 24 \$ Range	36 E , NMPM,	County				
III.	DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL GA		proved copy of this form is to be sent)				
		_		,				
	Shell Pipe Line Corp Name of Authorized Transporter of C	Casinghead Gas or Dry Gas 🗶	Box 2648 Houston, Texas Address (Give address to which approved copy of this form is to be sent)					
	El Paso Natural Gas		El Paso, Texas					
	If well produces oil or liquids,	Unit Sec. Twp. Ege.	Is gas actually connected?	When				
	give location of tanks.	G 15 24\$ 36E	Yes					
	If this production is commingled	with that from any other lease or pool,	give commingling order number:					
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.				
	Designate Type of Comple		i i i	1 1 1				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
	Elevations (DF, RKB, RT, GR, etc.	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
	Perforations			Depth Casing Shoe				
			D CENTRAL DECORD					
		CASING & TUBING SIZE	D CEMENTING RECORD DEPTH SET	SACKS CEMENT				
	HOLE SIZE	CASING & TUBING SIZE	DEPTRISET	SACKS CEMENT				
V.	TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	ifter recovery of total volume of load	oil and must be equal to or exceed top allow-				
	OIL WELL Date First New Oil Run To Tanks	able for this de	epth or be for full 24 hours) Producing Method (Flow, pump, gas	lift. etc.)				
	Date First New Cit Run 10 1 diks	Date of Test						
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size				
	Actual Prod. During Test	Oil-Bbis.	Water-Bbls.	Gas-MCF				
	GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate				
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate				
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size				
	reading Marinoa (proof occur pro)	133						
wi	CERTIFICATE OF COMPLIA	NCF	OIL CONSER'	VATION COMMISSION				
¥ 1.	CERTIFICATE OF COMPLIA	MCE	OIL CONSER	THOM SOMMISSION				
	I hereby certify that the rules an	d regulations of the Oil Conservation	APPROVED	, 19				
	Commission have been complied	with and that the information given the best of my knowledge and belief.	BY					
	above is true and complete to	ine best of my knowledge and belief.	D. Continued	De Company				
	•	A 3	TITLE					
	Time	. L. (L.V.)		n compliance with RULE 1104.				
		V/XXX		lowable for a newly drilled or deepened apanied by a tabulation of the deviation				
	(Si	gnature)	well, this form must be accom	panied by a tabulation of the deviation				

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.

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