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DISTRIBUTION			L
SANTA FE			
FILE			
U.S.G.S.			L
LAND OFFICE			<u> </u>
TRANSPORTER	OIL	L	
	GAS		<u> </u>
OPERATOR			
PRORATION OFFICE		<u> </u>	

Agent

February 23,

(Title)

(Date)

1972

NEW MEXICO OIL CONSERVATION COMMISSION REQUIEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65

REQUEST FOR ALLOWABLE	
AND	
AUTHORIZATION TO TRANSPORT OIL AND NATURAL O	SAS

SANIAFE	A COLOT 1 S.	ND	Effective 1-1-65
FILE	AUTHORIZATION TO TRANSI		AS
U.S.G.S.	AUTHORIZATION TO TRANS	i elege del elegent de la companya d	
OIL			
TRANSPORTER GAS			
OPERATOR			
PROBATION OFFICE			
Operator			
Worldwide Energy C	orporation		
Address			
303 Gulf Building,	Midland, Texas 79701	Other (Please explain)	
Reason(s) for filing (Check proper box)		Office (1 reads supplied)	
New Well	Change in Transporter of: Ott Dry Gas		
Recompletion X	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	e	
Change in Ownership X	Casinghead Gas Condensat	·	
If change of ownership give name T	riton Oil & Gas Corporati	on. 2310 Republic Bank	Tower, Dallas, Texas
and address of previous owner	Tredit off a day despesses.		75201
DESCRIPTION OF WELL AND I	FASE		Lease No.
DESCRIPTION OF WELL AND L	Well No. Pool Name, Including Form	ation Kind of Lease	
R. L. Gates	1 Jalmat	State, Federal	or Fee Federal D232436
Location		(()	Most
Unit Letter D : 660	Feet From The North Line of	nd 660 Feet From 1	The West
Unit Letter			Sa County
Line of Section 23 Tow	nship 24S Range 36	DE , NMPM, LE	
DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	address (Give address to which appro-	ved copy of this form is to be sent)
Name of Authorized Transporter of Cil	or Condensate		
	Inghed Gas or Dry Gas X	Address (Give address to which appro	ved copy of this form is to be sent)
Name of Authorized Transporter of Cas	The Date of Taxana		
El Paso Natural (Unit Sec. Twp. Rge.	s gas actually connected? When	
If well produces oil or liquids,	1 D 23 24S 36E	Yes	
give location of tanks.			
If this production is commingled wit	h that from any other lease or pool, gi		Plug Back Same Resty. Diff. Res
COMPLETION DATA	CII Well	New Well Workover Deepen	Bind Back . Same Des Tym
Designate Type of Completic		i	BRED
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
		The Oil (Car Part	Tubing Depth
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	
			Depth Casing Shoe
Perforations		•	
	TUBING, CASING, AND	CEMENTING RECORD	
		DEPTH SET	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE	<u> </u>	
·			
·			
	OR ALLOWABLE (Test must be after able for .his dep	er recovery of total volume of load of	il and must be equal to or exceed top al
. TEST DATA AND REQUEST F	UK ALLUMADLE (1 est must be alt able for .his dep	th or be for full 24 hours)	1:6
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	tift, etc.)
Date Frot Wen Off France	·		Choke Size
Length of Test	Tubing Pressure	Casing Pressure	CHORA SINA
- Condition of the Cond			Gas - MCF
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	
1			
GAS WELL		Bbis. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test	BDIS. COMMENSATA MINIOT	1
		Casing Pressure (Shut-in)	Choke Size
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Canny , resume ()	
		CH CONSERV	VATION COMMISSION
I. CERTIFICATE OF COMPLIA	NCE		
		APPROVED APR	1 3 1972
I hereby certify that the rules and	regulations of the Oil Conservation	Orig Signed he	
Commission have been complied	mission have been complete to the best of my knowledge and belief. BY loe D. Ramey		e D. Ramey
above is time and complete to t		TITLE Dist. I, Supr.	
			in compliance with RULE 1104.
	! \	If This form is to be filed !	in compliance with RULE 1104.
1 1 4 7 20 1	. (
William V). Yeary		lowable for a newly drilled or deep npanied by a tabulation of the devi

well, this form must be accompanied by a tabulation of tests taken on the well in accordance with RULE 111.

All sections of this form must be fliled 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. Deparate Forms C-104 must be filed for each prof in multiply completed wells.