NERGY AND MINERALS DEPARTMENT DISTRIBUTION

STATE FARES

FILE U.S.G.S.

LAND OFFICE

IL CONSERVATION DIVISIC

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE

		0				
		AND				
AUTHORIZATION	TO TRA	NSPORT	OIL	AND	NATURAL	GA:

TRANSPORTER OIL REQUEST FOR ALLOWABLE AND						
OPERATOR PROBATION OFFICE Operator	AUTHORIZATION TO TRAN	SPORT OIL AND NATURAL GAS				
	l & Gas Corp.					
	nville Avenue #1000 - Dal	llas, Texas 75206				
Reason(s) for filing (Check proper ba			Effective 5-31-88			
Recompletion	Change in Transporter of:  Oil Dry C	CORRECTED REPORT				
Change in Ownership XX	Casinghead Gas Cond	ensate INCORRECT DESIG	NATION OF OIL TRANSPORTER			
If change of ownership give name and address of previous owner	Worldwide Energy Co	orporation - Drawer V -	Freer, Texas 78357			
. DESCRIPTION OF WELL AND						
Lease Name E. J. Wells	Well No. Pool Name, including  3 Jalmat Tansill		Legge No. Legge No. rai or Fee Federal H 122536			
Location			4			
Unit Letter H; 10	650 Feet From The North L	ine and 330 Feet From	n The East			
Line of Section 12 To	ownship 25S Range	36Е , ммрм,	Lea County			
. DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL G.		oved copy of this form is to be sent)			
Permian Operating			., , ,			
Name of Authorized Transporter of Casinghead Gas XX or Dry Gas		P. O. Box 1183 - Houston, Texas 77251-1183  Address (Give address to which approved copy of this form is to be sent)				
El Paso Natural Gas Company  Unit   Sec.   Twp.   Rge.		P. O. Box 1492 - El Paso, Texas 77978-1492				
If well produces oil or liquids, give location of tanks.	A 12 25S 36E	Is gas actually connected? W	Exact date unknown.			
If this production is commingled with COMPLETION DATA	ith that from any other lease or pool,	give commingling order number:				
Designate Type of Completi	on - (X) Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. 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 Oil/Gas Pay	Tubing Depth			
Perforations		***	Depth Casing Shoe			
	TUBING, CASING, AN	D CEMENTING RECORD				
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a able for this de	Ifter recovery of total volume of load oil opth or be for full 24 hours)	and must be equal to or exceed top allow-			
Date First New Oil 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	Oti-Bbis.	Water-Bbls.	Gas - MCF			
GAS WELL						
Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate			
Testing Method (pitos, back pr.)	Tubing Pressure (shnt-in)	Casing Pressure (Shut-in)	Choke Size			
CERTIFICATE OF COMPLIANC	CE	OIL CONSERVA				
I hereby certify that the rules and r		APPROVED	19			
Division have been complied with above is true and complete to the		APPROVED				
•		DISTRICT ( SUPERVISOR				
1 . 1		*1	compliance with RULE 1164.			
Monni Avrous		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				

7/1/88

(Title)

Prod. Analyst

(Date)

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