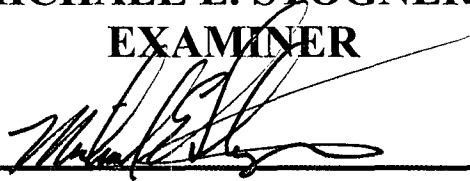


CASES NO. 12771/12771A

Note to file: The attached documentation, as it relates to the following described well operated by Tenison Oil Company of Abline, Texas, pertains to the matter heard in this cause and is hereby made a part of the official record. Please do not remove from the case file by order of the examiner.

**MICHAEL E. STOGNER
EXAMINER**



Date: March 3, 2005

(1) Vaughn "B-9" Well No. 1 (API No. 30-025-09522), located 330 feet from the North and East lines (Unit A) of Section 9, Township 24 South, Range 36 East, NMPM, Lea County, New Mexico.

CMD :
OG6CLOG

ONGARD
C105-WELL COMPLETION OR RECOMP CASING LOG

02/21/05 16:36:17
OGOMES -TPPE

OGRID Identifier : 22247 TENISON OIL CO
Prop Identifier : 10868 VAUGHN B 9
API Well Identifier : 30 25 9522 Well No : 001
Surface Locn - BL : A Sec : 9 Top : 24S Range : 36E Lot Idn :
Multiple comp (S/M/C) : S TVD Depth (Feet) : 3662 MVD Depth (Feet) : 3662
Spud Date : 06-01-1954 F/A Date : 01-21-2002
Casing/Linear Record:

S Size Grade Weight DepLh(ft) Depth(ft) Hole Size Cement --- TOC ---
(inches) (lb/ft) Top-Liner Bot-Liner (inches) (Sacks) (feet) Code

E0004: No matching record found. Enter data to create.

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06 CONFIRM
PF07 PF08 PF09 COMMENT PF10 TLOG PF11 PF12

CMD :
OG6IWCM

ONGARR
INQUIRE WELL COMPLETIONS

02/21/05 16:36:25
OGOMES -TPFE

API Well No : 30 25 9522 Eff Date : 01-21-2002 WC Status : P
Pool Idn : 33820 JALMAT;TAN-YATES-7 RVRS (OIL)
OGRID Idn : 22247 TENISON OIL CO
Prop Idn : 10868 VAUGHN B 9

Well No : 001
GL Elevation: 99999

	U/L	Sec	Township	Range	North/South	East/West	Prop/Act (P/A)
B.H. Locn	: A	9	24S	36E	PTG 330 F N	PTG 330 F E	P

Lot Identifier:

Dedicated Acre:

Lease Type : F

Type of consolidation (Comm, Unit, Forced Pooling - C/U/F/O) :

M0025: Enter PF keys to scroll

PF01 HELP	PF02	PF03 EXIT	PF04 GoTo	PF05	PF06
PF07	PF08	PF09	PF10 NEXT-WC	PF11 HISTORY	PF12 NXTREC

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division
1625 N. French Dr.
Hobbs, NM 88240

FORM APPROVED
Bureau No. 1004-0135
Expires: March 31, 1993
Lease Designation and Serial No.
LC 030467B

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other	6. If Indian, Allottee or Tribe Name
2. Name of Operator Tenison Oil Company	7. If Unit or CA, Agreement Designation
3. Address and Telephone No. 401 Cypress #500, Abilene, TX 79601	8. Well Name and No. Vaughn B-9#1
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 330' FNL & 330' FEL Sec. 9, T-24-S, R-36-E	9. API Well No. 30025095220051
	10. Field and Pool, or Exploratory Area Jalmat
	11. County or Parish, State Lea

12 CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input checked="" type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

01-18-02 Set 5-1/2" CIBP @ 3250' cap w/ 35' cmt. w/ dumpbailer, tag @ 3205'.
 01-18-02 Mix mud & circulate.
 01-19-02 Cut 5-1/2" csg. @ 1450'.
 01-19-02 Spot 40 sx cmt. @ 1500'.
 01-21-02 Tag plug @ 1317'.
 01-21-02 Spot 15 sx cmt. from 35' to surface.
 01-21-02 Install dry hole marker.

Approved as to plugging of the well hole.
Liability under bond is required until
surface restoration is completed.

14. I hereby certify that the foregoing is true and correct

Signed [Signature] Title Agent Date 01/22/02

(This space for Federal or State office use)

Approved by (ORIG. SCD) DAVID R. GLASS Title _____ Date _____

Conditions of approval, if any:

FEB 11 2002

DAVID R. GLASS
PETROLEUM ENGINEER

*See Instruction on Reverse Side

G
W
W
J
C
S



NEW MEXICO ENERGY, MINERALS and NATURAL RESOURCES DEPARTMENT

GARY E. JOHNSON
Governor
Jennifer A. Salisbury
Cabinet Secretary

Lori Wrotenbery
Director
Oil Conservation Division

**CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

September 8, 2000

22247
TENISON OIL CO
401 CYPRESS ST
STE 500
ABILENE, TX 79601

Re: Current Status of Oil and Gas Wells

In May of this year, the Oil Conservation Division ("Division") sent a letter to you setting forth the Division's information on wells for which you are the operator of record. The letter requested a response with additional information. The Division has had no response to the letter. The Division presumes you agree with the information in the letter regarding your inactive wells.

The wells have not shown production or been reported on Form C-115 for more than one year. The wells are not in compliance with the Division's rules and the New Mexico Oil and Gas Act.

You are hereby directed to bring these wells into compliance within 60 days. In the alternative, within 30 days you may submit a compliance plan including a schedule of activities with dates.

Sincerely,

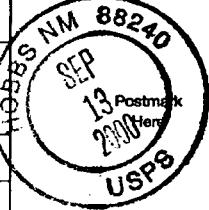
Chris Williams
District Supervisor

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only. No Insurance Coverage Provided)

7625 9918 0001 3220 7099

Article Sent To:
TENISON OIL CO

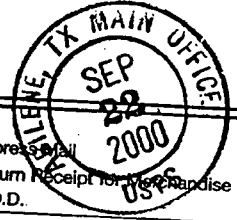
Postage	\$.33
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	1.25
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 2.98



Name (Please Print Clearly) (To be completed by mailer)
TENISON
 Street, Apt. No., or PO Box No.
PO BOX 22247
 City, State, ZIP+4[®]
ABILENE, TX 79601

PS Form 3800, July 1999 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Received by (Please Print Clearly) William B. TENISON</p> <p>B. Date of Delivery</p>	
	<p>C. Signature X William B. Tenison <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>22247 TENISON OIL CO 401 CYPRESS ST STE 500 ABILENE, TX 79601</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number (Copy from service label)</p> <p>7099 3220 0001 9918 7625</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	



UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division
1625 N. French Dr.
Hobbs, NM 88240

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

Oil Well Gas Well Other

2. Name of Operator

Tenison Oil Company

3. Address and Telephone No.

401 Cypress St., #500, Abilene, Tx. 79601 (915) 672-7281

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

330' FNL, 330' FEL

Section 9, Township 24S, Range 36E

5. Lease Designation and Serial No.
LC 030467B

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Vaughn B-9 #1

9. API Well No.

30025095220031

10. Field and Pool, or Exploratory Area

Jalmat

11. County or Parish, State

Lea, New Mexico

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input checked="" type="checkbox"/> Notice of Intent	<input checked="" type="checkbox"/> Abandonment
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Set plug @ 3490' in 5 1/2" csg. Put in ^(35' OK) 35' of Cement.
Set plug @ 1490' in 8 5/8" csg. Put in 35' of cement.
Set plug @ 35' 12 1/2" csg. Put in 35' of cement.

① TAG
② 100 Ft cmt. straddle A+ Shoe depth.

RECEIVED
 2001 APR -9 P 2 27
 1625 N. FRENCH DR.
 HOBBS, NM 88240

14. I hereby certify that the foregoing is true and correct

Signed William B. Tenison Title Vice President, Administration Date 4/4/01

(This space for Federal or State office use)

Approved ORIG. SGD. GARY GOURLEY Title TTE Date 4/24/01

Conditions of approval, if any:

3
GW

DISTRICT II
 P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088
 Santa Fe, New Mexico 87504-2088

DISTRICT III
 1000 Rio Brazos Rd., Aztec, NM 87410

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
 TO TRANSPORT OIL AND NATURAL GAS**

I.

Operator Tenison Oil Company	Well API No. 30-025-09522
Address 8140 Walnut Hill Ln. #601 - Houston, Texas 75231	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>
Effective: 11/1/91	

If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Vaughn B-9	Well No. 1	Pool Name, including Formation Jalmat Tansill Yates 7 Rivers	Kind of Lease FED State, Federal or Fee	Lease No. A 092436
Location				
Unit Letter A	: 330	Feet From The North	Line and 330	Feet From The East
Section 9	Township 24S	Range 36E	NMPM, Lea	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Enron Oil Trading & Transportation Co.	Address (Give address to which approved copy of this form is to be sent) Box 1188 - Houston, Texas 77251-1188
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> Sid Richardson Carbon & Energy Corp.	Address (Give address to which approved copy of this form is to be sent) 76102 First City Bank Tower, 201 Main St. Ft. W. Tx.
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When ?
A 9 24S 36E	Yes Unknown

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)	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 AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

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 Tank	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
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Robert B. Tenison Jr.
 Signature
 Robert B. Tenison Jr. Manager - Marketing
 Printed Name
 11/12/91 Date
 (214) 363-5005 Telephone No.

OIL CONSERVATION DIVISION

Date Approved _____
 Signed by
 Paul Kautz
 Geologist
 Title _____

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

I.

Operator Tenison Oil Company	Well API No. 30-025-09522
Address 8140 Walnut Hill Lane #601 - Dallas, Texas 75231	
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Other (Please explain) <input type="checkbox"/> Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> EFFECTIVE: 6-1-89 Change in Operator <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator Triton Oil & Gas Corp. - 4849 Greenville Ave. #1000 - Dallas, TX 75206	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Vaughn B-9	Well No. 1	Pool Name, Including Formation 7 Rivers Jalmat Tansill Yates	Kind of Lease FED State, Federal or Private	Lease No. A 092436
Location Unit Letter A : 330 Feet From The North Line and 330 Feet From The East Line Section 9 Township 24S Range 36E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Shell Pipeline	Address (Give address to which approved copy of this form is to be sent) Box 3105 - Houston, TX 77253-3105			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) Box 1492 - El Paso, TX 79978-1492			
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 9	Twp. 24S	Rge. 36E
Is gas actually connected?		When?		
Yes		Unknown.		

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)	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 AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 Tank	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
Testing Method (purs, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Bruce C. Macke
Signature
Bruce C. Macke, Production Mgr.
Printed Name
Date **10/23/89**
Title
214-363-5005
Telephone No.

OIL CONSERVATION DIVISION

JUL 17 1990

Date Approved _____
By _____ ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT SUPERVISOR
Title _____

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

(Other instructions
reverse side)

3. LEASE DENOMINATION AND SERIAL NO.
NMLC030467B
4. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT" for such proposals.)

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
Triton Oil & Gas Corp.

3. ADDRESS OF OPERATOR
Drawer V - Freer, Texas 78357

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below)
At surface
A
NENE, 330' FNL and 330' FEL

14. PERMIT NO. Unknown 15. ELEVATIONS (Show whether OF, RT, GR, etc.) 3392 GR

8. FARM OR LEASE NAME
Vaughn B- 9

9. WELL NO.
1

10. FIELD AND POOL OR WILDCAT
Jalmat Tansill Yates
Seven Rivers

11. SEC., T., B., M., OR B.L.E. AND
SUBVY OR AREA
Sec. 9, T24S, R36E

12. COUNTY OR PARISH
Lea

13. STATE
NM

18. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input checked="" type="checkbox"/>	

(Other) Operator Change

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Change of operator from: Worldwide Energy Corporation
to: Triton Oil & Gas Corp.
effective ^{JUNE} ~~November~~ 1, 1988.
ml

ACCEPTED FOR RECORD
AUG 10 1989
CARLSBAD, NEW MEXICO

RECEIVED
AUG 9 10 53 AM '89

19. I hereby certify that the foregoing is true and correct

SIGNED W. Allen Davis TITLE Sr. Prod. Tech. DATE July 27, 1989

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NO. OF COPIES RECEIVED	
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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
Revised 1-1-65

5A. Indicate Type of Lease
STATE FEE

5. State Oil & Gas Lease No.
NA

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work
b. Type of Well DRILL DEEPEN PLUG BACK
OIL WELL GAS WELL OTHER SINGLE ZONE MULTIPLE ZONE

2. Name of Operator
Triton Oil & Gas Corp.

3. Address of Operator 4849 Greenville Avenue
Suite 1000, Two Energy Square, Dallas, TX. 75206

4. Location of Well UNIT LETTER A LOCATED 330 FEET FROM THE North LINE
AND 330 FEET FROM THE East LINE OF SEC. 9 TWP. 24-S REE. 36E NMPM

7. Unit Agreement Name
Vaughn B-9

8. Farm or Lease Name

9. Well No.
81

10. Field and Pool, or Wildcat
Jalmat-Yates

12. County
Lea

19. Proposed Depth PB 3440'
19A. Formation Yates
20. Rotary or C.T. WO Unit

21. Elevations (Show whether DF, RT, etc.)
3392' Ground Level

21A. Kind & Status Plug. Bond
Blanket-Active

21B. Drilling Contractor
Not yet chosen

22. Approx. Date Work will start
1-5-89

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
Surface casing	Data NA				
NA	5-1/2"	NA	3591'	NA	3142'

Well is non economic with production perforations from 3545' to 3585' in Lower Yates. Bridge plug set at 3586' in 5-1/2" csg.

Proposed Workover:

1. Pull rods, tubing and plump.
2. Run production logs from CIBP set at 3586' to 3100'.
3. Run BP on wireline. Set below log indicated producing zone. Present estimate is at 3434' to 3434' overall. Production formation will be Upper Yates.
4. Acid wash perforations with 500 gallons.
5. Test well. If necessary frac for improved production rate.
6. Put well on production.

NOTE: Exact details of workover will be reported on Form C-103.

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM; IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOW-OUT PREVENTER PROGRAM, IF ANY.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

Signed Jerry Sexton Title Reservoir Engineering Mgr. Date 12-16-88

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

DEC 22 1988

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

STATE OF NEW MEXICO DEPARTMENT OF	
CONSERVATION	
LAND OFFICE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	
Operator	

OIL CONSERVATION DIVISION
P. O. BOX 2048
SANTA FE, NEW MEXICO 87501

Revised 10-1-78

**REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Operator
Triton Oil & Gas Corp.

Address
4849 Greenville Avenue #1000 - Dallas, Texas 75206 (Drawer V - Freer, TX 78357)

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of: Oil Dry Gas

Recompletion Casinghead Gas Condensate

Change in Ownership

Effective November 1, 1988

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name Vaughn B-9	Well No. 1	Pool Name, including Formation Jalmit Tansill Yates 7 Rivers	Kind of Lease LC 030467B	Lease No. A 092436
Location			State, Federal or Fee Federal	
Unit Letter A	330	Feet From The North	Line and 330	Feet From The East
Line of Section 9	Township 24S	Range 36E	, NMPM, Lea County	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Shell Pipeline	Box 3105 - Houston, TX 77253
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Co.	Box 1492 - El Paso, TX 79978
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	A 9 24S 36E Yes Exact date unknown

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

COMPLETION DATA

Designate Type of Completion - (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, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 allow able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tublog 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
Testing Method (pirat, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-in)	Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Norolain Davis
(Signature)
Sr. Prod. Tech. (512-394-7974)
(Title)
October 27, 1988
(Date)

OIL CONSERVATION DIVISION

APPROVED NOV 01 1988, 19____

BY Paul Kautz
Orig. Signed by
Geologist

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 deviatik tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow able on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of owne well name or number, or transporter, or other such change of conditio Separate Forms C-104 must be filed for each pool in multip

NEW MEXICO DEPARTMENT OF MINERAL RESOURCES
 OIL AND GAS DIVISION
 STAFF
 LE
 S.G.S.
 AND OFFICE
 TRANSPORTER OIL GAS
 OPERATOR
 PRODUCTION OFFICE
 SUPERVISOR

OIL CONSERVATION DIVISION
 P. O. BOX 2088
 SANTA FE, NEW MEXICO 87501

REVISED 10-1-78

REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Address Triton Oil & Gas Corp.

Address 4849 Greenville Avenue #1000 - Dallas, Texas 75206

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of: Oil Dry Gas

Recompletion Casinghead Gas Condensate

Change in Ownership

Effective November 1, 1988

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name <u>Vaughn B-9</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Jalmat Tansill Yates 7 Rivers</u>	Kind of Lease <u>LC 030467B</u>	Lease No. <u>A 092436</u>
Location Unit Letter <u>A</u> ; <u>330</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>East</u>			State, Federal or Fee <u>Federal</u>	
Line of Section <u>9</u>	Township <u>24S</u>	Range <u>36E</u>	NMPM, <u>Lea</u>	County <u>Lea</u>

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Enron Oil Trading & Transportation</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1188 - Houston, TX 77251-1188</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>El Paso Natural Gas Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1492 - El Paso, TX 79978-1492</u>
If well produces oil or liquids, give location of tanks. Unit <u>A</u> Sec. <u>9</u> Twp. <u>24S</u> Rge. <u>36E</u>	Is gas actually connected? <u>Yes</u> When <u>Exact date unknown</u>

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

II. COMPLETION DATA

Designate Type of Completion - (X)	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. <input type="checkbox"/>
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, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

III. 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	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
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

IV. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

M. J. ...
 (Signature)
 Sr. Prod. Tech. 512-394-7974
 (Title)
11-11-88
 (Date)

OIL CONSERVATION DIVISION

APPROVED _____, 1988
 ORIGINAL SIGNED BY JERRY SEXTON
 BY _____
 DISTRICT I SUPERVISOR

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 deviated 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 multiple completions.

BY SPECIAL DELIVERY	
DISTRIBUTION	
TA FE	
E	
U.S.	
NO OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
REGISTRATION OFFICE	
PERIOD	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

**REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Operator: Triton Oil & Gas Corp.
 Address: 4849 Greenville Avenue #1000 - Dallas, Texas 75206
 Reason(s) for filing (Check proper box):
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas Effective 5/31/88
 Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner: Worldwide Energy Corporation - Drawer V - Freer, Texas 78357

DESCRIPTION OF WELL AND LEASE
 Lease Name: Vaughn B-9 Well No. 1 Pool Name, Including Formation: Jalmat Tansill Yates 7 Rivers Kind of Lease: LC 030467B Lease No.: A 092436
 Location: Unit Letter A; 330 Feet From The North Line and 330 Feet From The East
 Line of Section 9 Township 24S Range 36E, NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent):
Shell Oil Company Pipeline P. O. Box 3105 - Houston, Texas 77253-3105
 Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent):
El Paso Natural Gas Company P. O. Box 1492 - El Paso, Texas 79978-1492
 If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? when

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

COMPLETION DATA

Designate Type of Completion - (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, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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	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
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

William Barnes
(Signature)
 Prod. Analyst
(Title)
 6/14/88
(Date)

OIL CONSERVATION DIVISION

APPROVED JUN 15 1988, 19____
 BY DEPUTY SUPERVISOR
 TITLE DEPUTY SUPERVISOR

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 deviated tests taken on the well in accordance with RULE 111.
 All sections of this form must be filled out completely for allowance 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 filled for each pool in multiple completed wells.

**UNIT STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY**

SUBMIT IN TRIPLIC
(Other instructions on
reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 030467 B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

VAUGHN B-9

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

JALMAT

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 9, T24S, R36E

12. COUNTY OR PARISH | 13. STATE

Lea

New Mexico

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR

WORLDWIDE ENERGY CORPORATION

3. ADDRESS OF OPERATOR

505 Midland Savings Building, Midland, Texas 79701

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

330 ft. from North and 330 from East lines of Section

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3392' GR

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Pulled rods and tubing. Set bridging plug at 3586 feet. Perforated 24 feet with 2 holes per foot from 3545 to 3579 feet. Acidized with 500 gals. of MCA. Ran tubing and rods to place on production. Pumped 15 barrels of oil and 275 barrels of water on July 14, 1972.

18. I hereby certify that the foregoing is true and correct

SIGNED

Robert B. Gray

TITLE

Agent

DATE

July 22, 1972

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on
reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 030467 8

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

VAUGHN 8-9

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

JALMAT

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 9, T24S, R36E

12. COUNTY OR PARISH 13. STATE

Lee

New Mexico

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
WORLDWIDE ENERGY CORPORATION

3. ADDRESS OF OPERATOR
505 Midland Savings Building, Midland, Texas 79701

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
330 ft. from North and 330 from East lines of Section

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3392' GR

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

The Vaughn 8-9 #1 has been producing a large volume of water with a diminishing amount of oil for sometime. It is proposed that the well be plugged back from the presently producing open hole section in the Seven Rivers Zone at 3591-3630 feet to 3585 feet. Then perforate various intervals in the Yates Zone from 3346-3585 feet, frac with 40,000# and 40,000 gals. and test for commercial production. This proposed work can be initiated during the first week of May.

18. I hereby certify that the foregoing is true and correct

SIGNED

Robert B. Bay

TITLE

Agent

DATE

April 14, 1972

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

MAY 8 1972

STANLEY R. BROWN
DISTRICT ENGINEER

*See Instructions on Reverse Side

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	GAS
OPERATOR	
PRORATION OFFICE	

**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

I. 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 Gas
 Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner Triton Oil & Gas Corp., 2310 Republic Bank Tower, Dallas, Texas, 75201

II. DESCRIPTION OF WELL AND LEASE

Lease Name Vaughn B-9	Well No. 1	Pool Name, Including Formation Jalmat Yates 7 Rivers Tansill	Kind of Lease State, Federal or Fee Federal	Lease No. A92436
Location Unit Letter A ; 330 Feet From The North Line and 330 Feet From The East				
Line of Section 9 Township 24S Range 36E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Shell Pipe Line Corporation	P. O. Box 2648, Houston, Texas
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 Sec. Twp. Rge. Is gas actually connected? When
	A 9 24S 36E

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)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			F.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, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

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	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
Testing Method (pilot, 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.

Robert B. Ray
Agent
February 23, 1972
(Date)

OIL CONSERVATION COMMISSION

APPROVED APR 13 1972, 19
Orig. Signed by
BY Joe D. Raney
Dist. I, Supv.

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.

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.
LC 030457B

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Vaughn B-2

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 9, R24S, T36E

12. COUNTY OR PARISH
Lee

13. STATE
New Mexico

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
Argus Production Company

3. ADDRESS OF OPERATOR
3313 Republic National Bank Tower, Dallas, Texas 75201

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
330 ft. from north line and 330 ft. from east line of section.

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3392 ft. Gr.

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)			

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input checked="" type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)			

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

The following work was performed between 11/21/69 and 11/24/69:

- Spotted 3.4 cu. ft. of cement and sand in bottom of open hole.
Checked top of cement at 3630 ft. with sand pump.
- Ran 2 7/8" OD tubing, rods, and pump and placed well on production.
Pumping water with show of oil and gas.

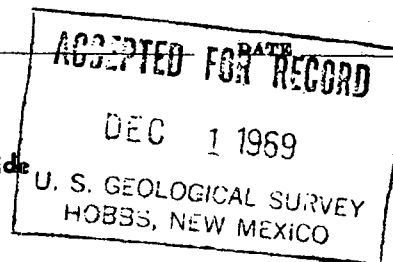
18. I hereby certify that the foregoing is true and correct

SIGNED *John Wilder* TITLE President DATE 11/26/69

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side



**UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY**

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-B1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 030467B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

- - -

7. UNIT AGREEMENT NAME

- - -

8. FARM OR LEASE NAME

Vaughn B-9

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Jalmit

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 9, T24S, R30E

12. COUNTY OR PARISH

Leon

13. STATE

New Mexico

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
Argus Production Company

3. ADDRESS OF OPERATOR
3313 Republic National Bank Tower, Dallas, Texas 75201

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface
330 ft. from north and 330 ft. from east line of Section

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3392 ft. Gr.

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF
FRACTURE TREAT
SHOOT OR ACIDIZE
REPAIR WELL
(Other)

PULL OR ALTER CASING
MULTIPLE COMPLETE
ABANDON*
CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF
FRACTURE TREATMENT
SHOOTING OR ACIDIZING
(Other)

REPAIRING WELL
ALTERING CASING
ABANDONMENT*

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

This well produces large volumes of water containing free Barium, causing a scale to form in the water disposal system. Temperature logs were run Sept. 18, 1969, and October 1, 1969, to determine primary source of water in open hole interval 3662 ft. to 3590 ft. Indications are that major water source is 3662 ft. to 3640 ft.

Proposed:

Plug open hole section 3662-3630 ft. w/ cement and sand mixture.

Run tubing, rods and pump to test open hole section 3630 ft. to 3590 ft.

18. I hereby certify that the foregoing is true and correct

SIGNED

J. W. Wilds

TITLE

President

DATE

11/17/69

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

NOV 21 1969

Arthur R. Brown
ARTHUR R. BROWN
DISTRICT ENGINEER

DATE

*See Instructions on Reverse Side

NO. OF COPIES RECEIVED	
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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

**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

I. OPERATOR

Operator: **ARGUS PRODUCTION COMPANY**

Address: **3313 Republic National 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: **Clara T. Scott & First National Bank in Dallas, Trustee under will of Paul P. Scott, Dallas, Texas.**

II. DESCRIPTION OF WELL AND LEASE Lease No. **A92436**

Lease Name Vaughn B-9	Well No. 1	Pool Name, including Formation Jalmit Yates 7 Rivers Tanks	Kind of Lease Federal
Location Unit Letter A 330 Feet From The North Line and 330 Feet From The East			
Line of Section 9 Township 24 S Range 36 E N.M.P.M. Lea County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Shell Pipe Line Corporation	Address (Give address to which approved copy of this form is to be sent) Box 2648, Houston, Texas
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 A Sec. 9 Twp. 24 S Rge. 36 E	Is gas actually transported? 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)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.								
Pool	Name of Producing Formation			Total Depth					P.B.T.D.
Perforations				Top Oil/Gas Pay					Tubing Depth
									Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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	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
Testing Method (pilot, back pr.)	Tubing Pressure	Casing Pressure	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.

[Signature]

(Signature)
President
(Title)
January 19, 1968
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY _____

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 Sections I, II, III, and VI only 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

NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO

DUPLICATE

(File the original and 4 copies with the appropriate district office)

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Company or Operator CLARA T. SCOTT AND FIRST NATIONAL BANK Lease Vaughn 2-9
IN DALLAS, TRUSTEE U-W-O PAUL P. SCOTT

Well No. 1 Unit Letter A S 9 T 248 R 362 Pool Jalant

County Lee Kind of Lease (State, Fed. or Patented) Federal

If well produces oil or condensate, give location of tanks: Unit A S 9 T 248 R 362

Authorized Transporter of Oil or Condensate Shell Pipe Line Corporation

Address Shell Building, Houston 1, Texas
(Give address to which approved copy of this form is to be sent)

Authorized Transporter of Gas _____

Address _____
(Give address to which approved copy of this form is to be sent)

If Gas is not being sold, give reasons and also explain its present disposition:

No gas, or if there is gas, it is not being produced in commercial quantity.

Reasons for Filing: (Please check proper box) New Well _____ ()

Change in Transporter of (Check One): Oil (X) Dry Gas () C'head () Condensate ()

Change in Ownership _____ () Other _____ ()

Remarks: _____ (Give explanation below)

Effective date January 1, 1956

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 2nd day of December 19 55 Clara T. Scott CLARA T. SCOTT

By W. H. ... BY _____
FIRST NATIONAL BANK IN DALLAS, TRUSTEE,
Vice-President

Approved DEC 1955 19 _____ Title _____

OIL CONSERVATION COMMISSION

By Clara T. Scott

Title _____

Company CLARA T. SCOTT AND FIRST NATIONAL BANK
IN DALLAS, TRUSTEE, U-W-O PAUL P. SCOTT
% Trust Department
Address First National Bank in Dallas
Dallas, Texas

~~REVISED~~
NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO

HOBBS OFFICE CCC

(File the original and 4 copies with the appropriate district office)

1955 SEP 27 11 0:01
CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Company or Operator IN DALLAS, TEXAS Lease ...

Well No. 1 Unit Letter S T R Pool Jalapa

County ... Kind of Lease (State, Fed. or Patented) Federal

If well produces oil or condensate, give location of tanks: Unit A S T R

Authorized Transporter of Oil or Condensate ...

Address Box 2150, Midland, Texas
(Give address to which approved copy of this form is to be sent)

Authorized Transporter of Gas ...

Address ...
(Give address to which approved copy of this form is to be sent)

If Gas is not being sold, give reasons and also explain its present disposition:
No gas, or if there is gas, it is not being produced in commercial quantity.

Reasons for Filing: (Please check proper box) New Well ()

Change in Transporter of (Check One): Oil () Dry Gas () C'head () Condensate ()

Change in Ownership () Other (x)

Remarks: (Give explanation below)

Filed in compliance with commission order No. 11-520 changing name of pool from Co-per-Jal to Jalapa

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 27th day of September 19 55

Approved SEP 27 1955 19

OIL CONSERVATION COMMISSION
By C. M. Fisher
Title ...

Clara J. Scott
BY ...
Title ...

Company IN DALLAS, TEXAS
Address First National Bank Dallas, Texas

NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO

HOBBS OFFICE OCC

(File the original and 4 copies with the appropriate district office)

1955 AUG 21 AM 7:28

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

CLARA T. SCOTT AND FIRST NATIONAL BANK
IN DALLAS, TRUSTEE, CAROL PAUL R. SCOTT

Lease Vaughn B-9 - Lea District
030467(B)

Well No. 1 Unit Letter A S 9 T 245 R 162 Pool Jalnat

County Lea Kind of Lease (State, Fed. or Patented) Federal

If well produces oil or condensate, give location of tanks: Unit A S 9 T 245 R 162

Authorized Transporter of Oil or Condensate Humble Oil & Refining Co.,

Address Box 2180, Houston 1, Texas.

(Give address to which approved copy of this form is to be sent)

Authorized Transporter of Gas _____

Address _____

(Give address to which approved copy of this form is to be sent)

If Gas is not being sold, give reasons and also explain its present disposition:

No gas, or if there is gas, it is not being produced in commercial quantity.

Reasons for Filing: (Please check proper box) New Well

Change in Transporter of (Check One): Oil Dry Gas C'head Condensate

Change in Ownership Other

Remarks: _____ (Give explanation below)

Filed in compliance with commission order no. R-520 changing name of pool from Cooper-Jal to Jalnat.

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 19th day of August 1955

Clara T. Scott CLARA T. SCOTT

By FIRST NATIONAL BANK IN DALLAS, TRUSTEE,

BY [Signature]
Title _____

Approved AUG 23 1955 19 _____

OIL CONSERVATION COMMISSION

Company CLARA T. SCOTT AND FIRST NATIONAL BANK IN DALLAS, TRUSTEE

By [Signature]

Address c/o Trust Department
First National Bank in Dallas
Dallas, Texas

Title Oil & Gas Inspector

NEW MEXICO OIL CONSERVATION COMMISSION
BOX 2045
HOBBS, NEW MEXICO

DATE August 8, 1955

TO: Paul P. Scott Trust
First National Bank in Dallas
Dallas, Texas

Gentlemen:

In accordance with the provisions of Commission Order No. R-520, your _____
Vaughan B-9, 1 A, 9-24-36 which, according to our
(Lease) (Well No.) (S.T.R.)
records, is producing from the Yates formation, will be placed in the
Jalnet Pool effective October 1, 1955, and from that date
forward will be subject to the Commission's rules and regulations governing that pool.

You are hereby instructed to file Form C-110 in Quintuplicate with the Hobbs
Office showing the change in pool designation not later than September 1, 1955. If
you desire to produce this well into common tankage with other wells in another pool
which are located on the same basic lease, please incorporate the following statement
on the form C-110: "Permission is hereby requested to produce this well into common
storage with wells on the same lease currently prorated in Cooper Jal pool."

If you do not agree with this classification of your well you should notify
this office in writing immediately.

Failure to file Form C-110 by the specified time will result in Allowable
cancellation.

OIL CONSERVATION COMMISSION

BY 

OCC Santa Fe
cc: Oil Transporter Humble
Gas Transporter
Well File

OIL CONSERVATION COMMISSION

BOX 2045

HOBBS, NEW MEXICO

DATE Feb. 1, 1955

TO:

RE: REQUEST FOR WELL RECORD

~~Paul P. Scott Trust~~

~~First National Bank in Dallas~~

~~Dallas, Texas~~

Gentlemen:

In connection with Commission Order R-520 an examination of the records of all oil and gas wells in the pools specifically mentioned in this order is being made.

A check of the file for your Vaughan B-9 #1 9-24-36
Lease Well No. S-T-R
shows that we do not have either Commission form C-105 or U.S.G.S. form 9-330. It is therefore requested that you submit the copies of the appropriate form to the above address as promptly as possible.

Your cooperation will be greatly appreciated.

Yours very truly,

OIL CONSERVATION COMMISSION

A. L. Porter, Jr.
Proration Manager

ALP/hs

DUPLICATE

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

HOBBS OFFICE OCC

It is necessary that Form C-104 be approved before this form can be approved and an initial allowable be assigned to any completed Oil or Gas well. Submit this form in **QUADRUPPLICATE**.

1954 JUN 14 AM 8:05

**CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

CLARA T. SCOTT AND FIRST NATIONAL BANK
IN DALLAS, TRUSTEE U-W-O PAUL P. SCOTT

Company or Operator..... Lease **Tract 3-9 - 090467(3) Las Cruces**

Address **Jal, New Mexico** (Local or Field Office) **Trust Dept., First National Bank in Dallas, Tex** (Principal Place of Business)

Unit **A**, Well(s) No. **1**, Sec. **9**, T. **14S**, R. **14E**, Pool **Cooper-Jal**

County **Lea** Kind of Lease: **Federal**

If Oil well Location of Tanks.....

Authorized Transporter ~~El Paso Natural Gas Co.~~ **Humble Pipe Line Co.** Address of Transporter

Box 1390 Midland, Texas (Local or Field Office) **Houston, Texas** (Principal Place of Business)

Per cent of Oil or Natural Gas to be Transported **100%** Other Transporters authorized to transport Oil or Natural Gas

from this unit are **El Paso Natural Gas Co., El Paso, Texas.**

100 %

REASON FOR FILING: (Please check proper box)

NEW WELL..... CHANGE IN OWNERSHIP.....

CHANGE IN TRANSPORTER..... OTHER (Explain under Remarks).....

REMARKS:

**Former Owner: Hum-Mex Corporation,
1203 Dallas National Bank Bldg.,
Dallas, Texas.**

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the..... day of..... 19.....

JUN 11 1954

Approved....., 19.....

OIL CONSERVATION COMMISSION

By Clara T. Scott CLARA T. SCOTT

By P. A. Hanson

FIRST NATIONAL BANK IN DALLAS, TRUSTEE,
BY M. W. Williams

Title.....

Vice President