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SANTA FE

FILE

U.S.G.S.

LAND OFFICE

TRANSPORTER

OIL

GAS

OPERATOR

PRODUCTION OFFICE

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)

Other (Please explain)

New Well

Recompletion

Change in Ownership

Change in Transporter of:

Oil

Casinghead Gas

Dry Gas

Condensate

Effective 5/31/88

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

J. T. Lynn

Well No.

1

Pool Name, Including Formation

Jalmat Tansill Yates 7 Rivers

Kind of Lease

LC 030139A

Lease No.

I 282336

Location

Unit Letter

I

1980

Feet From The

South

Line and

330

Feet From The

East

Line of Section

28

Township

23S

Range

36E

NMPM,

Lea

County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil

Shell Oil Company

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

P. O. Box 3105 - Houston, Texas 77253-3105

Name of Authorized Transporter of Casinghead Gas

El Paso Natural Gas Company

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

P. O. Box 1492 - El Paso, Texas 79978-1492

If well produces oil or liquids, give location of tanks.

Unit

I

Sec.

28

Twp.

23S

Rge.

36E

Is gas actually connected?

Yes

When

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'tv.

Diff. Res'tv.

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.

Prod. Analyst

6/14/88

OIL CONSERVATION DIVISION

APPROVED

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 only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.