

IL CONSERVATION DIVISIO
P O BOX 2988
SANTA FE, NEW MEXICO 87501

SA DEPT. OF DEFENSE		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.A.		
LAND OFFICE		
TRANSPORTER		ONE GAL
OPERATOR		
REGISTRATION OFFICE		
U.S. AIR FORCE		

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Triton Oil & Gas Corp.

Address

4849 Greenville Avenue #1000 - Dallas, Texas 75206

Reason(s) for filing (Check proper box)

Other (Please explain)

New Well	<input type="checkbox"/>	Change In Transportation of:			Effective November 1, 19	
Recompletion	<input type="checkbox"/>	Oil	<input checked="" type="checkbox"/>	Dry Gas		<input type="checkbox"/>
Change In Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	Condensate		<input type="checkbox"/>

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

DESCRIPTION OF WELL AND LEASE

Lease Name J. T. Lynn	Well No. 2	Pool Name, Including Formation Jalmat Tansill Yates 7 Rivers	Kind of Lease LC 030139A State, Federal or Fee Federal	Lease No. P 282336
Location				
Unit Letter <u>P</u> ; <u>990</u> Feet From The <u>South</u> Line and <u>330</u> Feet From The <u>East</u>				
Line of Section <u>28</u> Township <u>23S</u> Range <u>36E</u> , 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)	
Enron Oil Trading & Transportation					P. O. Box 1188 - Houston, TX 77251-1188	
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 Company					P. O. Box 1492 - El Paso, TX 79978-1492	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	I	28	23S	36E	Yes	Exact date unknown

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

COMPLETION DATA

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 (pistol, 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.

Sr. Prod. Tech. 512-394-7974

(Signature)

(Title)

(Date)

OIL CONSERVATION DIVISION

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 III.

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.

Form G-104 must be filed for each pool in multiple