	DISTRIBUTION SANTAFE		CONSTRVATION CO 1910 FOR ALLOWARDE	Form C-104 Supersedes Old C-164 and C-11
	U.S.G.S. LAND OFFICE TRANSPORTER GAS OPERATOR PRORATION OFFICE		AND ANSPORT OIL 700 HATURAL (Effective 1-1-65
I.	Triton Cil & Gas Corp.			
	Address 2310 Republic Eank Tower, Dallas, Texas 75201			
	Reason's) for filing (Check proper box, New Well Recompletion Change in Cwiershii X		Other (Pierse explain)	
	f change of ownership give name Argus Production Company, 3313 Republic Bank Tower, Dallas, Texas 7 and address of previous owner			
П.	DESCRIPTION OF WELL AND	LEASE Se. No. Foo. Name, including F	Controller Kind of Leas	se Loase No.
	Lease Name J. T. Lynn	3 Calmat Yates	7 Rivers Tansill State, Feder	
	Location / J - 29 Unit Letter - :	70 North North	ne andFeet From	The
	28	whichip 23S Range	36E , MAPM,	Lea County
	Name of Authorities Transporter in L. Z. or Condensate Address (Give address to which approved copy of this form is to be sent) Shell Pipe Line Componation Box 2648, Houston, Texas Name of Authorities Transporter of Casimphera Gas or Dry Gas Z. Address (Give address to which approved copy of this form is to be sent) El Paso Natural Gas Company El Paso, Texas If well produces oil or liquids, give location of tanks. 1 28 235 36E Yes			
	f this production is commungled with that from any other lease or pool, give commingling order number: COMPLETION DATA			
14.	Designate Type of Completion		New Well Worksver Deepen	Fing Back Same Resty. Diff. Resty
	Date Spudded	Date Compl. Ready to Frod.	Total Depth	Tubing Depth
	Elevations (DF, RKE, RT, GR, etc.)	Name of Producing Formation	Top Cil/Gas Pay	Depth Casing Shoe
	Perforations			Septin Gasing blice
	HOLE SIZE	TUBING, CASING, AN CASING & TUBING SIZE	ND CEMENTING RUCORD DEFTH SET	SACKS CEMENT
V.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowed by the for this depth or be for full 24 hours) OII. WELL Producing Method (Flow, pump, gas tift, etc.)			
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod. During Test	Cil-Bols.	. Water - Bbis.	Gas-MCF
	GAS WELL			Gravity of Condensate
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	· ·
	Testing Method (pitot, back pr.)	Turing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
VI	I. CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation		OIL CONSERVATION COMMISSION APPROVED	
	a inches book complied	with and that the information give the best of my knowledge and belief		

This form is to be filed in compliance with RULE 1104.

TITLE .

Havis E. Hore

(Signature) Chief Engineer

March 24, (Title)

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 weils.

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.

Senarate Forms C-104 must be filed for each pool in multiply