

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NMLC030467B

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.)

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
C
NENW, 330' FNL and 2310' FWL

14. PERMIT NO. Unknown

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3405

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Vaughn B- 3

9. WELL NO.
5

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

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 3, T24S, R36E

12. COUNTY OR PARISH
Lea

13. STATE
NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	☐	PULL OR ALTER CASING	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐
REPAIR WELL	☐	CHANGE PLANS	☒
(Other) Operator Change			

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☐
(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.)*

Change of operator from: Worldwide Energy Corporation

to: Triton Oil & Gas Corp.

effective ~~November~~ ^{JUNE} 1, 1988.

ml

ACCEPTED FOR RECORD

AUG 10 1989

CARLSBAD, NM 88502

RECEIVED

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

SIGNED Norleen 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