NO. OF COPIES RECE	1460	!		
DISTRIBUTION				
SANTA FE				
FILE				
U.S.G.S.				
LAND OFFICE				
TRANSPORTER	OIL			
	GAS	i		
OPERATOR				
PRORATION OFFICE				
World Address	wide	Ene	rgy	
3 03	Gulf	Bui	ldi	
Reason(s) for filing New Well Recompletion Change in Ownershij		prope	r box)	
If change of owners and address of prev	hip gi	ve na	me T	

February 23, 1972

## NEW MEXICO OIL CONSERVATION COMMIS. 4

Form C-104
Supersedes Old C-104 and C-110

	SANTA FE	REQUEST F	FOR ALLOWABLE	Effective 1-1-65				
-	U.S.G.S.	AUTHORIZATION TO TRAN	AND	AC				
ŀ	LAND OFFICE	AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL O	543				
}	OIL							
	TRANSPORTER GAS							
	OPERATOR							
1.	PRORATION OFFICE							
	Cperator	_						
		Worldwide Energy Corporation						
Address								
	303 Gulf Building, Midland, Texas 79701  Reason(s) for filing (Check proper box)  New Well Change in Transporter of:  Other (Please explain)							
	Recompletion	Oil Dry Gas						
	Change in Ownership X	Casinghead Gas Condens	sate					
	If change of ownership give name Ti	riton Oil & Gas Corp., 2	310 Republic Bank Tower	, Dallas, Texas, 75201				
	and address of previous some.							
II.	DESCRIPTION OF WELL AND I	EASE Well No.   Pool Name, Including Fo	rmation Kind of Leas	e Lease No.				
	Lease Name			i —				
	Vaughn B-3	4 Jalmat Yates 7	Rivers Tansill State, Federa	redetal nj2430				
	Location 1080	North	e and 660 Feet From	<sub>The</sub> East				
	Unit Letter H : 1980	Feet From The North Line	e andFeet from	The				
	Line of Section 3 Tow	vaship 24S Range	36E , NMPM, LO	ea County				
	Line of Section 3	The state of the s						
111.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S					
	Name of Authorized Transporter of Ot.	or Condensate	Address (Give address to which appro					
	Shell Pipe Line Corpo	oration	P. O. Box 2648, Houst	ton, Texas				
	Name of Authorized Transporter of Cas	inghead Gas X or Dry Gas X	Address (Give address to which appro	ved copy of this form is to be sent)				
	El Paso Natural Ga		El Paso, Texas					
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	10 94.5 451.2417, 00.1111	en				
	give location of tanks.	F 3 24S 36E	Yes					
	If this production is commingled wit	h that from any other lease or pool,	give commingling order number:					
IV.	COMPLETION DATA	Cil Well Gas Well	New Well Workover Deepen	Plug Back   Same Resty, Diff. Resty.				
	Designate Type of Completion		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
	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				
			CENTRAL DECORD					
			DEPTH SET	SACKS CEMENT				
	HOLE SIZE	CASING & TUBING SIZE	DEP : H 321	JAONS GEMEIN				
		1						
	The second secon	OR ALLOWARIE (Tax marks	feet resource of total values of land at	l and must be equal to or exceed top allow				
V.	TEST DATA AND REQUEST F	able for this de	epth or be for full 24 hours)					
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas i	ift, etc.)				
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size				
	Actual Prod. During Test	Oil-Bbis. +	Water-Bbls.	Gas-MCF				
	GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate				
	Actual Prod. Test-MCF/D	Length of Test	Bols. Condensate/MMCF	Grant, or constitution				
		Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size				
	Testing Method (pitot, back pr.)	I wound blessme ( Shut-In )						
			OU CONSERV	ATION COMMISSION				
VI	. CERTIFICATE OF COMPLIAN	CE	II CONSERV	13 1972				
			APPROVED	APPROVED, 19				
	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.		APPROVED Orig. Signed by  BY Joe D. Ramey  Dist. I. Supy					
			BYJoe D. Ramey					
			Dist. I, Supv.					
	~	$\sim$	11166					
	0, 120	(,) _	This form is to be filed in compliance with RULE 1104.					
	hottra 10	ray	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					
		natural	tests taken on the well in acc	ordance with HULE !!!.				
	Agent	iile)	All sections of this form of	All sections of this form must be filled out completely for allow able on new and recompleted wells.				
	( <i>i</i>	/ U	II BOTE ON HEAL SHOT LEGGINDINGS					

able 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 to completed wells.