NO. OF COPIES RECE	1010	
DISTRIBUTION		
SANTA FE		
FILE		
U.\$.G.5.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OF	ICE	

	DISTRIBUTION  SANTA FE  FILE  U.S.G.5.	REQUEST F	ONSERVATION COMMISS. FOR ALLOWABLE AND NSPORT OIL AND NATURAL GA	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65	
i.	LAND OFFICE  TRANSPORTER OIL  GAS  OPERATOR  PRORATION OFFICE  Operator				
	Worldwide Energy (	Corporation			
		Change in Transporter of: OII Dry Gas Casinghead Gas Condens	<b>─</b>		
	If change of ownership give name Trand address of previous owner	riton Oil & Gas Corp., 23	310 Republic Bank Tower,	Dallas, Texas, 75201	
11.	DESCRIPTION OF WELL AND L Lease Name E. C. Mosley Location	Well No. Pool Name, Including Fo	Rivers Tansill State, Federal	cr Fee P102436	
	Unit Letter P ; 990	2/5			
				ea County	
III.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil Shell Pipe Line Corpor Name of Authorized Transporter of Cas.	or Condensate   ration	Address (Give address to which approved P. O. Box 2648, Housto Address (Give address to which approv	n, Texas	
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. P 10 24S 36E	Is gas actually connected? Whe	n	
	If this production is commingled with COMPLETION DATA	h that from any other lease or pool, i	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.	
	Designate Type of Completio		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	
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oil	and must be equal to or exceed top allow-	
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li)	ery of total volume of load oil and must be equal to or exceed top allow- for full 24 hours)  ng 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	
	Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Fressure (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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		APR	1 3 1972 . 19	
			Orig. Signed by  Joe D. Ramey  Dist. I. Supv.		
	about B	May	TITLE  This form is to be filed in	compliance with RULE 1104. wable for a newly drilled or deepened	

anher	A B Pray	
^	(Signature)	***************************************
Agent	(Title)	
February 23,_	1972	
	(Date)	

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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.