DISTRIBUTIO	эн	
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
IRANSPORTER	OIL	
	GAS	
OPERATOR		
PROBATION OF	FICE	

	SANTA FE  FILE  U.S.G.S.  LAND OFFICE  IRANSPORTER  GAS  OPERATOR  PRORATION OFFICE	REQUEST	FOR ALLOWABLE AND ANSPORT OIL AND NATURAL	Supersedes Old C-104 and C-11 Effective 1-1-65		
	Operator Triton Oil & Gas Corp.					
	Address 2310 Republic Bank Tower, Dallas, Texas 75201					
	Reason(s) for filing (Check proper box)  New We!!  Recompletion  Change in Ownership	Change in Transporter of: Oil Dry Ga Casinghead Gas Conder	<b>=</b>			
	If change of ownership give name and address of previous owner	Argus Production Co	ompany, 3313 Republic Ba	ank Tower, Dallas, Texas		
Ħ.	DESCRIPTION OF WELL AND I	LEASE   Well No.   Pool Name, Including Fe	ormation Kind of Leas	se Lease No.		
	E. C. Mosley	l Jalmat Yates 7	Rivers Tansill State, Federa	rl or Fee Fee P102436		
	Unit Letter;	South Feet From The	ne and Feet From	The		
	Line of Section 10 Tow	mship 24S Range	36E , <sub>NMPM</sub> ,	Lea <sub>County</sub>		
111.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS    Name of Authorized Transporter of Cit   Component   Address (Give address to which approved copy of this form is to be sent)   Shell Pipe Line Corporation   Box 2648, Houston, Texas     Name of Authorized Transporter of Casinghead Gas   or Dry Gas   Address (Give address to which approved copy of this form is to be sent)					
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Pge. P 10 24S 36E	Is gas actually connected? Wh	nen		
IV.	If this production is commingled with that from any other lease or pool, give commingling order number:  COMPLETION DATA  Cil Well Gas Well New Well Workover Deepen Plug Back Same Resty. Diff. Resty.					
	Designate Type of Completio	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	· ·	1	Depth Casing Shoe		
			D CEMENTING RECORD	SACKS CEMENT		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH 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 allowable for this depth or be for full 24 hours)					
	Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	ift, etc.)		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	Actual Prod. During Test	Cil-Bbis.	Water-Bbls.	Gas-MCF		
	GAS WELL					
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
VI.	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION			
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 MANY 19				
			TITLE SUPERVISOR	DISTNET 1		
David E. Jone (Signature)			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			
	Chief Engineer		tests taken on the well in accordance with RULE 111.  All sections of this form must be filled out completely for allow			
	(Title) March 24, 1971		able on new and recompleted w	rells. II. III. and VI for changes of owner,		

(Date)

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.