NO. OF COPIES RECI	EIVED	
DISTRIBUTIO		
SANTA FE		
FILE		
u.s.g.s.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OF		
Operator		

NEW MEXICO OIL CONSERVATION COMMIS.

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

	SANTA FE	REQUEST I	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65			
	FILE		AND				
	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL G	AS			
	LAND OFFICE						
	TRANSPORTER OIL	-					
	GAS	4					
_	PRORATION OFFICE	1					
I.	Operator						
	Worldwide Energy C	orporation					
	Address	0, 50, 02, 01,					
	303 Gulf Building	, Midland, Texas 79701					
	Reason(s) for filing (Check proper box,	Reason(s) for filing (Check proper box) Other (Please explain)					
	New Well Change in Transporter of:						
	Recompletion	Oil Dry Gas	s				
	Change in Ownership X	Casinghead Gas Conden	sate				
	and address of previous owner	riton Oil & Gas Corp., 2	310 Republic Bank Tower,	Dallas, Texas, 75201			
	· ·						
11.	DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, Including Fo	ormation Kind of Lease	Lease No.			
	Lease Name		2	22 500			
	E. C. Mosley	2 Jalmat Yates 7	Kivers lansiii	Fee			
		0 Reet From The South Line	. 1980	the East			
	Unit Letter 0; 66	Feet From The 300111 Line	e and 1980 Feet From 1	he LUST			
	Line of Section 10 Tov	waship 245 Range 3	6E , NMPM, Lea	County			
	Ellie of Section 10 10						
ш.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S				
	Name of Authorized Transporter of CII	x cr Condensate	Aidress (Give address to which approx	ed copy of this form is to be sent)			
	Shell Pipe Line Corpo	ration	P. O. Box 2648, Houst	on, Texas			
	Name of Authorized Transporter of Cas	singhead Gas or Dry Gas	Address (Give address to which approx	ed copy of this form is to be sent;			
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	en.			
	give location of tanks. P 10 245 36E						
	If this production is commingled wi	th that from any other lease or pool,	give commingling order number:				
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty, Diff. Resty.			
	Designate Type of Completic	on - (X)		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						
	TUBING, CASING, AND CEMENTING RECORD						
		· · · · · · · · · · · · · · · · · · ·	DEPTH SET	SACKS CEMENT			
	HOLE SIZE	CASING & TUBING SIZE	DEFIN 321				
v	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oil	and must be equal to or exceed top allow			
٠,	OIL WELL	able for this de	pth or be for full 24 hours)				
	Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li				
		Tubing Pressure	Casing Pressure	Choke Size			
	Length of Test	I uping Pressure	Cabing 1 1000 Za	-			
	Actual Prod. During Test	Oil-Bbls.	Water-Bbis.	Gas-MCF			
	Actual Float Builing 1000						
	l <u>*</u>						
	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			
			<u> </u>				
VI.	. CERTIFICATE OF COMPLIAN	CE	OIL CONSERVA	TION COMMISSION			
		•	APR	1 3 1972			
	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.		AFFROVED				
			BY Orig. Signed by Joe D. Ramey				
	above to tide and complete to the		Joe D. Ramey				
	^		TITLE Dist. I, Supv.				
			This form is to be filed in compliance with RULE 1104.				
	Wallet 19.	May	If this is a request for allow	wable for a newly drilled or deepened inled by a tabulation of the deviation			
	(Sigi	idetire)	tests taken on the well in acco	rdence with RULE 111.			

(Title)

February 23, 1972

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.