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LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			<u> </u>
Operator			

III.

	DISTRIBUTION	NEW MEXICO OIL CO	DISERVATION COMMISSION	Form C-104
	SANTA FE	REQUEST F	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65
	FILE		AND	Fliective 1-1-03
Į	U.S.G.S.	AUTHORIZATION TO TRAN	SPORT OIL AND NATURAL O	SAS
	LAND OFFICE			
	TRANSPORTER GAS			
1	OPERATOR			
1.	PRORATION OFFICE			
	Operator	C		
	Worldwide Energy	Lorporation		
		Midland Toyas 70701		
	Reason(s) for filing (Check proper box,	, Midland, Texas 79701	Other (Please explain)	
	New Well	Change in Transporter of:	Omer (Freder express)	
	F=1	Oil Dry Gas		
	Change in Ownership X	Casinghead Gas Condens	77	
-	Change in Contership[A]			
	If change of ownership give name Tand address of previous owner	riton Oil & Gas Corp., 23	310 Republic Bank Tower	, Dallas, Texas, 75201
11.	DESCRIPTION OF WELL AND	LEASE	rmation Kind of Leas	e Lease No.
	Lease Name	Well No. Pool Name, Including Fo		
	Vaughn A-15	l Jalmat Yates 7	Rivers Tansill State, Federal	Federal 0152436
	Location		1000	5
	Unit Letter 0; 660	Feet From The South Line	and 1980 Feet From	The <u>East</u>
		alia	m geriens i	ea County
	Line of Section 15 Tou	waship 245 Range 36	, NMPM,	ea County
		THE OF OUR AND MARKED AT CAS	c	
III.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL GAS	Address (Give address to which appro	ived copy of this form is to be sent;
			P. O. Box 2648, Houst	
	Shell Pipe Line Compa Name of Authorized Transporter of Ca	ny singhead Gas A or Dry Gas	Address (Give address to which appro	oved copy of this form is to be sent;
	El Paso Natural Gas C	1	El Paso, Texas	
	ET 1030 Natara 1 033 0	Unit Sec. Twp. Rge.		en
	If well produces oil or liquids,	J 15 24S 36E	Yes	
	give location of tanks.			
		th that from any other lease or pool, a	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)		
	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	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
		<u> </u>	<u> </u>	
¥.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a)	fter recovery of total volume of load oil	l and must be equal to or exceed top allow-
	OIL WELL	Date of Test	pth or be for full 24 hours) Producing Method (Flow, pump, gas l	
	Date First New Cil Run To Tanks	Date of lest	Floducing Matrice (1 1921, Party, 221	7,7
		Tubing Pressure	Casing Pressure	Choke Size
	Length of Test	I doing blessage	Gashing 1 1995 2 5	·
		Cil-Bbis.	Water-Bbis.	Ggs-MCF
	Actual Prod. During Test	CII-BD.5.		
	CACHTT			
	GAS WELL Actual Frod. 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
	CERTIFICATE OF COMPLIAN	ICE	OIL CONSERV	ATION COMMISSION
٧I	. CERTIFICATE OF COMPLIAN	CL	ADD 1	3 1972
	* banks,	regulations of the Oil Conservation	APPROVED APR	. U 101 L 19
	Commission have been complied	with and that the information given	Orig.	Signed by
	above is true and complete to the	ne best of my knowledge and belief.	BY	
			TITLEDist.	I, Supv.
	^		11	compliance with RULE 1104.
	$(1) \times (1 \times 1)$	Hay	te thin in a request for alle	wable for a newly drilled or deepened
	112:04000	Yuin	If this is a request for all	senied by a tabulation of the deviation

Robert B. Ray	
(Signature)	
Agent	
(Title)	
Fobruary 23 1972	

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

NO. OF COPIES REC	Elvi.	1
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IRANSFORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE IRANSFORTER GAS	REQUEST	CONSERVATION COMMISSI FOR ALLOWABLE AND ANSPORT OIL AND NATURAL (Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65
ı.	OPERATOR PRORATION OFFICE Operator Triton Oil & Ga	s Corp.		
	Address		FIG. 0.3	
	Reason(s) for filing (Check proper b	ank Tower, Dallas, Texas : Ox.) Change in Transporter of:	Other (Please explain)	
	Recompletion Change in Ownership X	Oil Dry Go Casinghead Gas Conde		
	If change of ownership give name and address of previous owner	Argus Production Compa	any, 3313 Republic Bank	Tower, Dallas, Texas 7520
H.	DESCRIPTION OF WELL AN	D LEASE. Well No. Pool Name, Including F	Formation Kind of Leas	e Leas e No.
	Vaughn A-15	l Jalmat Yates	7 Rivers Tansill State, Federa	Leade I.e.
	Unit Letter;;	660 South Feet From The Lin	ne andFeet From ^	The East
	Line of Section 15 .	Township 24S Range	36E , _{NMPM} ,	Lea County
III.		RTER OF OIL AND NATURAL GA		
	Name of Authorized Transporter of Shell Pipe Line Co.		Address (Give address to which approx P. O. Box 2648, Housto	, , ,
	Name of Authorized Transporter of El Paso Natural Ga		Address (Give address to which approved El Paso, Texas	ved copy of this form is to be sent)
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	en
		with that from any other lease or pool,	give commingling order number:	
IV.	Designate Type of Comple	tion (X)	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
	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, AN	D CEMENTING RECORD	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
V.	TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Date First New Oil Run To Tanks Date of Test (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) Producing Method (Flow, pump, gas lift, etc.)			
		Tubing Pressure	Casing Pressure	Choke Size
	Length of Test			
	Actual Prod. During Test	Oil-Bbls.	Water - Bble.	Gas • MCF
	GAS WELL			
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Testing Nethod (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
VI.	CERTIFICATE OF COMPLIA	ANCE	OIL CONSERVA	TION COMMISSION
		nd regulations of the Oil Conservation		, 19
		d with and that the information given the best of my knowledge and belief.	BY TOOK OR	DECEMBEL :
	Λ. Λ. Λ .			compliance with RULE 1104.
	David E. You		If this is a request for allow well, this form must be accompa	vable for a newly drilled or deepened nied by a tabulation of the deviation
	(Signature) Chief Engineer		tests taken on the well in accordance All sections of this form mu	st be filled out completely for allow-
	March 24,	(Title) 1971	able on new and recompleted we	ells. I. III. and VI for changes of owner,
	\$ 8.49\$1 · / \$ 8.4844 · · · · · · · · · · · · · · · · · ·	(Date)	well name or number, or transport	er, or other such change of condition. t be filed for each pool in multiply

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MA: 21 1871

OIL CONSERVATION CRIMINAL HUDDE, and Mr.

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OPERATOR			
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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-1 Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TRA	AND INSPORT OIL AND NATURAL	
LAND OFFICE	_		=
I RANSPORTER GAS GAS	-	** : 1	
OPERATOR			
Operator Operator			
ARGUS PRODUC	TION COMPANY		
Address 3313 Republi	c Bank Tower, Dallas, Te	xas 75201	
Reason(s) for filing (Check proper box		Other (Please explain)	
New We!l	Change in Transporter of:		
Recompletion Change in Ownership	Oil Dry Go		
If change of ownership give name	Clara T. Scott & First	National Bank in Dail	as, Trustee under will of
and address of previous owner	Paul P. Scott, Ballas,	1 GX 85	
Lease Name	Well No. Pool Name, Including F		
Vaughn A-1 Location	5 1 Jalmet Yates 7	Rivers Tansill State, Fed	eral or Fee Federal 0152436
Unit Letter;;	660 Feet From The South Lin	ne and 1980 Feet Fro	om The East
Line of Section 15 To	wnship 24 \$ Range	36 E , NMPM,	Lea County
	TER OF OIL AND NATURAL GA	AS	
Name of Authorized Transporter of Oil			proved copy of this form is to be sent)
Shell Pipe Line Cor Name of Authorized Transporter of Ca	poration singhead Gas or Dry Gas 🌂	Box 2648, Houston. Address (Give address to which ap	proved copy of this form is to be sent)
El Paso Natural Gas	Company	El Peso, Texas	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected?	When
<u> </u>	ith that from any other lease or pool,	give commingling order number:	
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'
Designate Type of Completi		T - 1 - 1	P.B.T.D.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.1.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations		<u> </u>	Depth Casing Shoe
	TUBING, CASING, AN	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
TEST DATA AND REQUEST F		fter recovery of total volume of load epth or be for full 24 hours)	oil and must be equal to or exceed top allo
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, ga	s lift, etc.)
	Tubing Pressure	Casing Pressure	Choke Size
Length of Test	I doing Flaggare	Odding . 1000 mo	
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas - MCF
'			· · · · · · · · · · · · · · · · · · ·
GAS WELL			
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Length of Test Tubing Pressure (Shut-in)	Bbls. Condensate/MMCF Casing Pressure (Shut-in)	Gravity of Condensate Choke Size
Actual Prod. Test-MCF/D	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	
Actual Prod. Test-MCF/D Testing Method (pitot, back pr.) CERTIFICATE OF COMPLIAN	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in) OIL CONSER	Choke Size
Actual Prod. Test-MCF/D Testing Method (pitot, back pr.) CERTIFICATE OF COMPLIAN I hereby certify that the rules and	Tubing Pressure (shut-in) ICE regulations of the Oil Conservation with and that the information given	OIL CONSER	Choke Size
Actual Prod. Test-MCF/D Testing Method (pitot, back pr.) CERTIFICATE OF COMPLIAN I hereby certify that the rules and	Tubing Pressure (shut-in) ICE regulations of the Oil Conservation	OIL CONSER ORIGINAL ORIGINAL ORIGINAL ORIGINAL ORIGINAL ORIGINAL	Choke Size VATION COMMISSION 2 1968 , 19
Actual Prod. Test-MCF/D Testing Method (pitot, back pr.) CERTIFICATE OF COMPLIAN I hereby certify that the rules and	Tubing Pressure (shut-in) ICE regulations of the Oil Conservation with and that the information given	OIL CONSER ORIGINAL SIGNAL BY ENGINEER	Choke Size VATION COMMISSION 1968 , 19
Actual Prod. Test-MCF/D Testing Method (pitot, back pr.) CERTIFICATE OF COMPLIAN I hereby certify that the rules and	Tubing Pressure (shut-in) ICE regulations of the Oil Conservation with and that the information given	OIL CONSER ORIGINAL ORIGINAL SIGNED BY: This form is to be filed	Choke Size VATION COMMISSION 1968 , 19 in compliance with RULE 1104.
Actual Prod. Test-MCF/D Testing Method (pitot, back pr.) CERTIFICATE OF COMPLIAN I hereby certify that the rules and Commission have been complied above is true and complete to the (Signature)	Tubing Pressure (shut-in) ICE regulations of the Oil Conservation with and that the information given	OIL CONSER ORIGINAL ORIGINAL Title ENGINE This form is to be filed If this is a request for a well, this form must be accortests taken on the well in as	Choke Size VATION COMMISSION 1968 , 19 in compliance with RULE 1104. Illowable for a newly drilled or deepen mpanied by a tabulation of the deviation coordance with RULE 111.
Actual Prod. Test-MCF/D Testing Method (pitot, back pr.) CERTIFICATE OF COMPLIAN I hereby certify that the rules and Commission have been complied above is true and complete to the comple	Tubing Pressure (Shut-in) ICE regulations of the Oil Conservation with and that the information given we best of my knowledge and belief. Anature) itile)	OIL CONSER ORIGINAL ORIGINAL ORIGINAL TITLE ENGINEE This form is to be filed If this is a request for a well, this form must be accounted taken on the well in au All sections of this form	Choke Size VATION COMMISSION 1968 , 19 in compliance with RULE 1104. Illowable for a newly drilled or deepen mpanied by a tabulation of the deviation cordance with RULE 111. must be filled out completely for allow
Actual Prod. Test-MCF/D Testing Method (pitot, back pr.) CERTIFICATE OF COMPLIAN I hereby certify that the rules and Commission have been complied above is true and complete to the comple	Tubing Pressure (Shut-in) ICE regulations of the Oil Conservation with and that the information given the best of my knowledge and belief.	OIL CONSER ORIGINAL ORIGINAL SIGNAL TITLE ENGINEE This form is to be filed If this is a request for a well, this form must be accortests taken on the well in au All sections of this form able on new and recompleted Fill out only Sections	Choke Size VATION COMMISSION 1968 , 19 in compliance with RULE 1104. Illowable for a newly drilled or deepens mpanied by a tabulation of the deviation coordance with RULE 111. must be filled out completely for allow

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