

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

|                        |     |
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| LAND OFFICE            |     |
| TRANSPORTER            | OIL |
|                        | GAS |
| OPERATOR               |     |
| PRODUCTION OFFICE      |     |

Operator  
Triton Oil & Gas Corp.Address  
4849 Greenville Avenue #1000 - Dallas, Texas 75206

Reason(s) for filing (Check proper box)

New Well ☐  
Recompletion ☐  
Change In Ownership ☒Change In Transporter of:  
Oil ☐  
Casinghead Gas ☐Dry Gas ☐  
Condensate ☐

Other (Please explain)

Effective 5/31/88

If change of ownership give name  
and address of previous owner

Worldwide Energy Corporation - Drawer V - Freer, Texas 78357

## DESCRIPTION OF WELL AND LEASE

|   |               |   |   |                       |
|---|---------------|---|---|-----------------------|
| Lessee Name<br>Vaughn A-15  | Well No.<br>2 | Pool Name, Including Formation<br>Jalmat Tansill Yates 7 Rivers | Kind of Lease<br>LC 030467A<br>State, Federal or Fee<br>Federal | Lease No.<br>J 152436 |
| Location<br>Unit Letter <u>J</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u><br>Line of Section <u>15</u> Township <u>24S</u> Range <u>36E</u> , NMPM, Lea County |               |   |   |                       |

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|   |  |            |                     |             |
|---|--|------------|---------------------|-------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/><br>Shell Oil Company Pipeline          | Address (Give address to which approved copy of this form is to be sent)<br>P. O. Box 3105 - Houston, Texas 77253-3105 |            |                     |             |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/><br>El Paso Natural Gas Company | Address (Give address to which approved copy of this form is to be sent)<br>P. O. Box 1492 - El Paso, Texas 79978-1492 |            |                     |             |
| If well produces oil or liquids,<br>give location of tanks.   | Unit<br>J  | Sec.<br>15 | Twp.<br>24S         | Rge.<br>36E |
|   | Is gas actually connected?   |            | When                |             |
|   | Yes  |            | Exact date unknown. |             |

If this production is commingled with that from any other lease or pool, give commingling order number:

## COMPLETION DATA

|                                    |                             |          |                 |          |        |                   |             |              |
|------------------------------------|-----------------------------|----------|-----------------|----------|--------|-------------------|-------------|--------------|
| Designate Type of Completion - (X) | Oil Well                    | Gas Well | 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, AND CEMENTING RECORD

|           |                      |           |              |
|-----------|----------------------|-----------|--------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |

TEST DATA AND REQUEST FOR ALLOWABLE  
OIL WELL

(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)

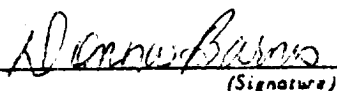
|                                 |                 |   |            |
|---------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tanks | Date of Test    | Producing Method (Flow, pump, gas lift, etc.) |            |
| Length of Test                  | Tubing Pressure | Casing Pressure                               | Choke Size |
| Actual Prod. During Test        | Oil-Bbls.       | Water-Bbls.                                   | Gas-MCF    |

## GAS WELL

|                                  |                           |                           |                       |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test-MCF/D          | Length of Test            | Bbls. Condensate/MMCF     | Gravity of Condensate |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size            |

## CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

  
(Signature)

Prod. Analyst

(Title)

6/14/88

(Date)

## OIL CONSERVATION DIVISION

APPROVED JUN 14 1988, 19BY ORIGINAL SIGNED BY NERRY SEXTON  
DEPUTY SUPERVISOR

TITLE \_\_\_\_\_

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 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.

|                        |     |  |
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| LAND OFFICE            |     |  |
| TRANSPORTER            | OIL |  |
|                        | GAS |  |
| OPERATOR               |     |  |
| PRORATION OFFICE       |     |  |

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

I. Operator  
Worldwide Energy Corporation  
Address  
303 Gulf Building, Midland, Texas 79701  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)

If change of ownership give name and address of previous owner Triton Oil & Gas Corp., 2310 Republic Bank Tower, Dallas, Texas, 75201

II. DESCRIPTION OF WELL AND LEASE  
Lease Name Vaughn A-15 Well No. 2 Pool Name, Including Formation Jalmat Yates 7 Rivers Tansill Kind of Lease Federal Lease No. J152436  
Location  
Unit Letter J 1980 Feet From The South Line and 1980 Feet From The East  
Line of Section 15 Township 24S Range 36E, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☒ or Condensate ☐ Shell Pipe Line Corporation Address (Give address to which approved copy of this form is to be sent) P. O. Box 2648, Houston, Texas  
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☒ El Paso Natural Gas Company Address (Give address to which approved copy of this form is to be sent) El Paso, Texas  
If well produces oil or liquids, give location of tanks. Unit J Sec. 15 Twp. 24S Rge. 36E Is gas actually connected? Yes When

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA  
Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Rest'v. Diff. Rest'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, AND CEMENTING RECORD  
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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 Oil Run To Tanks Date of Test Producing 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

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  
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.  
Agent Robert B. Ray  
February 23, 1972  
OIL CONSERVATION COMMISSION  
APR 13 1972  
APPROVED \_\_\_\_\_, 19\_\_\_\_\_  
BY \_\_\_\_\_ Orig. Signed by Joe D. Ramey  
TITLE \_\_\_\_\_ Dist. I, Supv.  
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 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.