NO. OF COPIES RECEIVED			
DISTRIBUTIO			
SANTA FE			
FILE			
U.S.G.S.	1		
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			
Operator		<u> </u>	

(Date)

DISTRIBUTION  SANTA FE  FILE		EW MEXICO OIL CONSERVATION COMMISSI REQUEST FOR ALLOWABLE AND			
U.S.G.S.  LAND OFFICE  TRANSPORTER  OIL  GAS  OPERATOR  PRORATION OFFICE	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL	Effective 1-1-65		
Operator Triton Oil &	Gas Corp.				
Address					
Reason(s) for filing (Check proper box)	c Bank Tower, Dallas, T	Cexas 75201 Other (Please explain)	***		
New Well	Change in Transporter of:				
Recompletion Change in OwnershipX	Oil Dry G Casinghead Gas Conde	<b>=</b> !			
If change of ownership give name and address of previous owner	Argus Production Comp	pany, 3313 Republic Bank	Tower, Dallas, Texas 7520		
II. DESCRIPTION OF WELL AND I					
Lease Name  Vaughn A-15	Well No. Pool Name, Including F  2 Jalmat Yate	Formation Kind of Leases 7 Rivers Tansilte, Feder	Lease .vo.		
Location	O Courth	ne and 1980 Feet From	Fact		
3.5	nship 24S Range	36E , NMPM,	Lea County		
III DESIGNATION OF TRANSBORT	ED OF OH AND NATURAL C	4.0			
III. DESIGNATION OF TRANSPORT  Name of Authorized Transporter of Cil	or Condensate	Address (Give address to which appro	oved copy of this form is to be sent)		
Shell Pipe Line Co		P. O. Box 2648, Hou: Address (Give address to which appro			
El Paso Natural Ga		El Paso, Texas	seed copy of this form is to be sently		
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. J 15 24S 36E	Is gas actually connected? Will Yes	nen		
If this production is commingled with	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 Res'v. Dlif. Res'v.		
Designate Type of Completion	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, ANI	D CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
V. TEST DATA AND REQUEST FO		ifter recovery of total volume of load oil epth or be for full 24 hours;	and must be equal to or exceed top allow-		
Date First New Oil Run To Tanks	7723 11 472.02		ift, etc.)		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
Actual Prod. During Test	Ott-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 COMPLIANC	E	OIL CONSERVA	TION COMMISSION		
I hereby certify that the rules and re Commission have been complied wi		APPROVED WHITE	, 19		
above is true and complete to the		BY Christian			
		TITLE	M CONTRACT &		
David E. Sore	-		compliance with RULE 1104.		
(Signate Chief Engine	re) er	well, this form must be accompa tests taken on the well in accor	nied by a tabulation of the deviation		
March 24 (Title		11	st be filled out completely for allow-		

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

. ,

MACC 271

NO. OF COPIES REC	EIVED	Ī	
DISTRIBUTION			
SANTA FE			
FILE			
U.\$.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
TRANSFORTER	GAS		
OPERATOR			
PROBATION OFFICE			

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

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

	U.S.G.S.  LAND OFFICE  TRANSPORTER OIL  GAS  OPERATOR	AUTHORI	ZATION TO TRA	ANSPORT OIL AND I	NATURAL	GAS		
1.	PRORATION OFFICE Operator	1			···			
	ARGUS PRODUCTION COMPANY							
	Address 3313 Republic Na	ational Sank	Tower, Dalla	s, Texas 75201				
	Reason(s) for filing (Check proper box			Other (Please	e explain)			
	New Well	Change in Tr	ansporter of:					
	Recompletion	Oil	Dry Go	<b>=</b>				
	Change in Ownership	Casinghead C		National Bank I	n Ballon	Trustee und	will -6	
	If change of ownership give name and address of previous owner		ott, Dallas,		11 56:163	, riusces un	WIII OI	
II.	DESCRIPTION OF WELL AND Lease Name	LEASE Well No I Bo	ol Name, Including F	ormation	Kind of Lea	5A	Lease No.	
	Vaughn A-15			Rivers Tansili				
	Location				<u> </u>	_	4	
	Unit Letter;	Peet From T	he South Lin	e and 1980	Feet From	The <b>East</b>		
	Line of Section 15 To	ownship 24 \$	Range	36 E , NMPM	1,	Lee	County	
	DEGLES ATTAN OF TRANSPOR	men on our As	ID MAGRICIAL CIA	-				
111.	DESIGNATION OF TRANSPOR  Name of Authorized Transporter of Oi		nD NATURAL GA ensate	Address (Give address	to which appr	oved copy of this form	is to be sent)	
	Shell Pipe Line	Corporation		Bex 2648, Houston, Texas				
	Name of Authorized Transporter of Ca		or Dry Gas 🄼	Address (Give address to which approved copy of this form is to be sent)			is to be sent)	
		Unit Sec.	Twp. Rge.	Is gas actually connect		hen		
	If well produces oil or liquids, give location of tanks.	J 15	24S 36 E	Yes				
	If this production is commingled wi	ith that from any o	ther lease or pool,	give commingling orde	r number:			
IV.	COMPLETION DATA	O11 W	Vell Gas Well	New Well Workover	Deepen	Plug Back   Same	Res'v. Diff. Res'v.	
	Designate Type of Completi	<u> </u>					1	
	Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.		
	Elevations (DF, RKB, RT, GR, etc.)	evations (DF, RKB, RT, GR, etc.) Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth		
	Perforations				Depth Casing Shoe			
	Seriorations				,			
		TUB	ING, CASING, AND	CEMENTING RECOR	lD.			
	HOLE SIZE	ZE CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		
				<u> </u>	<del></del>			
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	v, pump, gas i	lift, etc.)		
	Length of Test	Tubing Pressure		Casing Pressure		Choke Size		
		Out Divis		Water - Bbls.		0	Gas-MCF	
	Actual Prod. During Test	Oil-Bbls.		Water - Bbis.		Gda - MCF		
		1			<del></del>			
	GAS WELL Actual Prod. Test-MCF/D Length of Test		Bbls, Condensate/MMCF		Gravity of Condensate			
	Actual Prod. Test-MCF/D	Length of Test		Bbis. Condensate/MMC	r	Gravity of Conden	sate	
	Testing Method (pitot, back pr.)	Tubing Pressure	Shut-in )	Casing Pressure (Shut	-in)	Choke Size		
VI	CERTIFICATE OF COMPLIAN			OII (	CONSERV	ATION COMMISS	SION	
٧	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, 19					
			BY					
				TITLE		• • •		
	7061	1 / 1/1//				compliance with R		
		nature)			t he accomp	wable for a newly of anied by a tabulation	on of the deviation	
	(Sigr			tests taken on the	well in acc	ordance with RULE	111.	

All sections of this form must be filled out completely for allowable on new and recompleted wells. January 19, 1968 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.

**President** 

(Date)

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

を 1.1. Mrs. Line Andero Tilgade i de loui i loui ( 「 Tilgade i loui i loui

11.15 (A) (A) 14 **.** 21

And The process of the second of the second