Prod. Analyst

6/14/88

(Title)

(Date)

Revised 10-1-78

SANTA FE, NEW MEXICO 87501

LAND OFFICE REQUEST FOR ALLOWABLE THANSPORTER GAS AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS OPERATOR PROBATION OFFICE Operator Triton Oil & Gas Corp. Address 4849 Greenville Avenue #1000 - Dallas, Texas 75206 Reason(s) for filing (Check proper box) Other (Please explain) Effective 5/31/88 Change in Transporter of: Cil Dry Gas Recompletion Casinghead Gas Condensate Change in Ownership XX If change of ownership give name Worldwide Energy Corporation - Drawer V - Freer, Texas 78357 and address of previous owner. DESCRIPTION OF WELL AND LEASE Lease No. Well No. | Pool Name, Including Formation Kind of Lease LC 032714A Lease Name State, Federal or Fee Federal C 232436 R. L. Gates Jalmat Tansill Yates 7 Rivers Location 660 660 Feet From The North Line and __ Feet From The West Unit Letter 24S Range 36E , NMPM, County Township Line of Section DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) or Condensate Name of Authorized Transporter of Oii X P. O. Box 1183 - Houston, Texas 77251-1183
Address (Give address to which approved copy of this form is to be sent) Permian Operating LP
Kame of Authorized Transporter of Casinghead Gas or Dry Gas P. O. Box 1492 - El Paso, Texas 79978-1492 El Paso Natural Gas Company When Twp. Is gas actually connected? Rge. Unit If well produces oil or liquids, ; D 245 36E 12-23-64 23 Yes give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Plug Back Same Res'v. Diff. Res'v. Deepen New Well Workover Oil Well Gas Well Designate Type of Completion - (X) P.B.T.D. Total Depth Date Compl. Ready to Prod. Date Spudded Tubing Depth Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE (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) TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Choke Size Casing Pressure Tubing Pressure Length of Test Gas - MCF Water - Bbls. Oil-Bble. Actual Pred. During Test **GAS WELL** Gravity of Condensate Bbis. Condensate/MMCF Length of Test Actual Prod. Teet-MCF/D Cosing Pressure (Shut-in) Choke Size Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) OIL CONSERVATION DIVISION CERTIFICATE OF COMPLIANCE APPROVED_ I hereby certify that the rules and regulations of the Oil Conservation SHI SEKTOM Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. ORIGINAL TO BY__ TITLE . This form is to be filed in compliance with RULE 1104. (Const Boling)
(Signature) If this is a request for sllowable 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 AULE 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.