ſ	NO. OF COPIES RECEIVED	🙀 (* 1			
t	DISTRIBUTION			_	
ł	SANTA FE		DNSERVATION COMMISS	Form C-104 Supersedes Old C-104 and C-110	
ł	FILE	REQUEST	FOR ALLOWABLE	Effective 1-1-65	
			AND		
	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAI	L GAS	
	LAND OFFICE				
	TRANSPORTER				
	GAS				
	OPERATOR				
	PRORATION OFFICE				
Operator Worldwide Energy Corporation (A Belaware Corporation) Address					
	1700 Broadway, Su	ite 1600, Denver, CO 8	0290		
	Reason(s) for filing (Check proper box)		Other (Please explain)		
	New Well	Change in Transporter of:		eclassification From	
	Recompletion		, 님		
	Change in Ownership	Casinghead Gas Conden			
	to the set of supership rive name				
	If change of ownership give name and address of previous owner			·	
П.	DESCRIPTION OF WELL AND LEASE				
	Lease Name	Well No. Pool Name, Including Fo			
	R. L. Gates	l Jalmat	State, Fea	deral or Fee Federal D232436	
	Location				
	/ D 660	Feet From TheLind	660	om The	
	Unit Letterii	Feet From TheLin	e and Feet Fr	om The	
	22	24S Banas	36E NMPM	Lea County	
	Line of Section 23 Township 24S Range 36E , NMPM, Lea County				
III.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	S		
	Name of Authorized Transporter of Oil		1 .	pproved copy of this form is to be sent)	
	Shell Pipeline Company	ý	Box 2468, Houston,		
	Name of Authorized Transporter of Casi	Inghead Gas 🕅 or Dry Gas 🗌	Address (Give address to which ap	pproved copy of this form is to be sent)	
	El Paso Natural Gas Co		El Paso, Texas		
		Unit Sec. Twp. Rge.	Is gas actually connected?	When	
	If well produces oil or liquids,	D 23 24S 36E	Yes	1	
If this production is commingled with that from any other lease or pool, give commingling order number: N/A				N/A	
IV.	V. COMPLETION DATA				
	Designate Type of Completion	Oil Well Gas Well	New Well Workover Deepen	Fing Duck Same ries Sint ries	
	0 11 -				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	April 25, 1936	March 11, 1938	3497'	3280'	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	3329' G.L.	Tansill & Yates	3055'	3244 '	
	Perforations 3055-57: 3066-6	8; 3076-78; 3086-98; 310	00-02: 3114-16:	Depth Casing Shoe	
	2118-20. 3138-40. 317	$0-74 \cdot 3192-96 \cdot 3205-07 \cdot$	3218-22: 3236-40: 326	50-64 3448'	
	3118-20; 3138-40; 3170-74; 3192-96; 3205-07; 3218-22; 3236-40; 3260-64 34481 TUBING, CASING, AND CEMENTING RECORD				
		CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	HOLE SIZE		250	300	
	······		1864	500	
		7-5/8" Csq			
		5-1/2", 15.5# Csg	3448	400	
		2-3/8", 4.6# Tbg	3244	i	
v	V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow-				
•	OIL WELL able for this depth or be for full 24 hours				
	Date First New Cil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)				
		9-7-77	Pump		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	24 hours	64 psig	100 psig	None	
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas - MCF	
	31 bbls	3 bbls	29 bbls	202	
				· · · · · · · · · · · · · · · · · · ·	
	GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	Actual Prod. Test-MCF/D				
			Casing Pressure (Shut-in)	Choke Size	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			
				1	
VI	. CERTIFICATE OF COMPLIAN	CE	OIL CONSE	RVATION COMMISSION	
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED	, 19	
	a s s s s s s s s s s s s s s s s s s s	with and that the information given		\sim \sim \sim	
	above is true and complete to the best of my knowledge and belief		BY	N N N N N N N N N N N N N N N N N N N	
			TITLE	M	
-					
			This form is to be filed in compliance with RULE 1104.		
	ATAN	Jon N. Dull	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.		
		ature)			
	Production Engineer		All sections of this form must be filled out completely for sllow-		
		ite)	All sections of this for able on new and recomplete	ad wells.	
	-		Fitt out only Sections I. H. III. and VI for changes of owner,		
	12/05/		well name or number, or tran	well name or number, or transporter, or other such change of condition.	
	(Date)		<u>.</u>	and the each pool in multiply	

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.

REDENCED CIL CONSERVATION COMM. HOBBS, N. M.

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