| ALT MO NHIEHALD LEPANINENI   |   |   | Revised 10-1-70                             |
|--|---|---|---|
|  |   | TION DIVISIC  |   |
| DISTRIBUTION   | P. O. BO<br>SANTA FE, NEW               |   |   |
| FILE   | SANTA FE, NEW                           |   |   |
| U.S.G.S.   |   |   |   |
| TRA SPORTER OIL  | REQUEST FOR                             | -   |   |
| CPERATOR   | AUTHORIZATION TO TRANSP                 |   |   |
| PROBATION OFFICE   |   |   |   |
| Triton Oil &   | Gas Corp.                               | • -   |   |
| Address  |   |   |   |
|  | 11e Avenue #1000 - DA11as               | , Texas 75206<br>Other (Please explain)   |   |
| Reason(s) for filing (Check proper box)<br>New Well  | Change in Transporter of:               | Effective 5/31/   | 88  |
| Recompletion   | Cil Dry Gas                             |   |   |
| Change in Ownership  | Casinghead Gas Conden                   | sate 🛄  |   |
| If change of ownership give name   | Worldwide Energy Cor                    | moration  |   |
| and address of previous owner  | worldwide Energy Cor                    |   |   |
| DESCRIPTION OF WELL AND  | LEASE                                   | rmation Kind of Lea   | ise ta anatan Lease No.                     |
| Lesse Name   | Weil No. Pool Name, including ro        | Charles Forder  | LU U3Z38ZB [ -                              |
| E. J. Wells  | 2 Jalmat Tansill                        | Tates / Rivers  |   |
| Unit Letter A : 990  | )Feet From The North Line               | and <u>990</u> Feet From  | The East                                    |
|  |   |   |   |
| Line of Section 12 Tow   | mship 25S Range                         | 36E , NMPM,   | Lea County                                  |
| DESIGNATION OF TRANSPORT   | TER OF OIL AND NATURAL GA               | S   |   |
| Name of Authorized Transporter of Cli  | or Condensate                           | Address (Give address to which appr   | roved copy of this form is to be sent)      |
| None.<br>Name of Authorized Transporter of Cas   | singhead Gas or Dry Gas &               | Address (Give address to which app  | roved copy of this form is to be sent)      |
|  |   | P. O. Box 1492 - E1   |   |
| El Paso Natural Gas<br>If well produces oil or liquids,  | Unit Sec. Twp. Rge.                     |   | ihen  |
| give location of tanks.  |   | Yes   | Exact date unknown.                         |
| If this production is commingled wit   | th that from any other lease or pool, j | give commingling order number:  |   |
| COMPLETION DATA  | Oil Well Gas Well                       | New Well Workover Deepen  | Plug Back   Same Res'v. Diff. Res'v.        |
| Designate Type of Completio  |   |   | P.B.T.D.                                    |
| Date Spudded   | Date Compl. Ready to Prod.              | Total Depth   | F • U • 1 • D •                             |
| Elevations (DF, RKB, RT, GR, etc.)   | Name of Producing Formation             | Top Oll/Gas Pay   | Tubing Depth                                |
|  |   | ·   | Depth Casing Shoe                           |
| Perforations   |   |   |   |
|  | TUBING, CASING, AND                     | CEMENTING RECORD  | · · · · · · · · · · · · · · · · · · ·       |
| HOLE SIZE  | CASING & TUBING SIZE                    | DEPTH SET   | SACKS CEMENT                                |
|  |   |   |   |
|  |   |   |   |
|  |   |   |   |
| TEST DATA AND REQUEST F  | OR ALLOWABLE (Test must be af           | fter recovery of total volume of load o<br>pth or be for full 24 hours)   | il and must be equal to or exceed top allow |
| OIL WELL<br>Date First New Oil Run To Tanks  | Date of Test                            | Producing Method (Flow, pump, gas   | lijt, etc.)                                 |
|  |   |   |   |
| Length of Teel   | Tubing Pressure                         | Casing Pressue  | Choke Size                                  |
| Actual Prod. During Test   | Oil-Bbis.                               | Water-Bbia.   | Gas-MCF                                     |
| Actual prod. During 100.   |   |   |   |
| l  |   |   |   |
| GAS WELL   | Length of Test                          | Bbis. Condensate/MMCF   | Gravity of Condensate                       |
| Actual Prod. 1681-MCr/D  |   |   |   |
| Testing Method (pitol, back pr.)   | Tubing Pressure ( Shut-in )             | Casing Pressure (Shut-12)   | Choke Size                                  |
|  | <u></u>                                 | OUL CONCEPT   |   |
| CERTIFICATE OF COMPLIAN  | CE                                      |   | ATION DIVISION .                            |
| I hereby certify that the rules and regulations of the Oil Conservation<br>Division have been complied with and that the information given<br>above is true and complete to the best of my knowledge and belief. |   | APPROVED, 19, 19, BY, DRIGHDLCHERS LOTENCE FY DEVEON  |   |
|  |   |   |   |
|  |   | .1  |   |
| Man Kritnin )  |   | This form is to be filed in compliance with RULE 1104.<br>If this is a request for allowable for a newly drilled or deepene   |   |
| (Signature)  |   | well, this form must be accompanied by a tabliation of the deviation<br>tests taken on the well in accordance with RULE 111.<br>All sections of this form must be filled out completely for allow<br>able on new and recompleted wells. |   |
| Prod. Analyst  |   |   |   |
| (Title)  |   |   |   |
| 6/14/88<br>(Date)  |   | well name or number, or transp  | offer, or other such change of condition    |
|  | <u></u>                                 | Separate Forma C-104 m  | ust be filed for each pool in multipl       |