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U.S.G.S.	
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
Effective 1-1-65

I.

Operator WORLDWIDE ENERGY CORPORATION	
Address 1600 Tower Building, 1700 Broadway, Denver, CO 80290	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain) Approval to flare casinghead gas from this well must be obtained from the Minerals Management Service.	

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name E. J. WELLS	Well No. #3	Field Name, including Formation Jalmat - 7 Rivers Jan. y. SR	Kind of Lease State, Federal or Fee Federal	Lease No. LC-032582 (b)
Location				
Unit Letter H	1650	Feet From The North	Line and 330	Feet From The East
Line of Section 12	Township 25S	Range 36E	NMPM, Lea	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Getty Oil Company See Correction	Address (Give address to which approved copy of this form is to be sent) 4005 N.W. Expressway, Oklahoma City, OK 73116	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492, El Paso, TX 79999	
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 12
	Twp. 25S	Range 36E
	Is gas actually connected? No	
	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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res't.	Diff. Re.
Date Spudded 5/23/83	Date Compl. Ready to Prod. 7/20/83	Total Depth 3855'			P.B.T.D. 3456'			
Elevations (DF, RKB, RT, GR, etc.) 3170'	Name of Producing Formation 7 Rivers			Top Oil/Gas Pay 3306'		Tubing Depth 3200'		
Perforations 3306', 3308', 3314', 3316', 3326', 3343', 3345', 3347', 3369', 3371', 3373', 3387', 3389', 3391', 3393'						Depth Casing Shoe 3853'		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
18"	14"		40'		Ready Mix			
12-1/4"	10-3/4" 40.5#		349'		225sx			
8-3/4"	7" 23#		3853'		400 sx 50-50			
					680 sx Lite			

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 of well for this depth or be for full 24 hours)

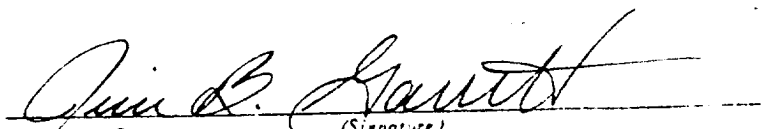
Date First New Oil Run To Tanks 7/20/83	Date of Test 7/22/83	Producing Method (Flow, pump, gas lift, etc.) Pumping Submersible	
Length of Test 24 hrs.	Tubing Pressure 40 psi	Casing Pressure 50 psi	Choke Size --
Actual Prod. During Test	Oil - Bbls. 15	Water - Bbls. 300	Gas - MCF 101

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

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.


(Signature)
Engineer
(Title)
8/2/83
(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 10 1983, 19____
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I 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 deep well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells 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.