

NO. OF COPIES RECEIVED		NEW MEXICO OIL CONSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65
DISTRIBUTION		REQUEST FOR ALLOWABLE	RECEIVED
SANTA FE		AND	
FILE		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS	DEC 10 1980
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

Operator	Maddox Energy Corporation
Address	Suite 906, Blanks Building, Midland, Texas 79701
Reason(s) for filing (Check proper box)	Other (Please explain) Change lease & well name from Queen B #1 to Pardue Farms 26 #2 to eliminate confusion. All W.I. & R.I. have been pooled under the W/2 Sec. 26.
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE			
Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease
Pardue Farms 26	2	S. Culebra Bluff Bone Spring	State, Federal or Fee Fee
Lease No.			
Location			
Unit Letter	D	760 Feet From The north Line and 990 Feet From The west	
Line of Section	26	Township 23-S Range 28-E	NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
Pernier Corp.	Box 1183 Houston Texas 77001		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
El Paso Natural Gas Co.	Box 1492 El Paso Texas 79978		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp. Pge.
	E	26	23 28
Is gas actually connected?	When	1-7-8	
Yes	Approx. 7-81		

If this production is commingled with that from any other lease or pool, give commingling order number: _____

COMPLETION DATA			
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well
Date Spudded	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, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bble.	Water-Bble.	Gas-MCF

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.	
Gudra B. Carr (Signature)	
Operations Manager (Title)	
December 9, 1980 (Date)	

OIL CONSERVATION COMMISSION	
DEC 11 1980	
APPROVED	19
BY	D. A. Gressitt
TITLE	SUPERVISOR, DISTRICT II
This form is to be filed in compliance with RULE 1104.	
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.	
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.	
Separate Forms C-104 must be filed for each pool in multiply completed wells.	