DISTRIBUTION		
SANTA FE	/	
FILE	/	/
U.S.G.S.		
LAND OFFICE		
TRANSPORTER OIL	/	
TRANSPORTER 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 C-11
Effective 1-1-65

RECEIVED
FEB 16 1977
O. C. C.
ARTESIA, OFFICE

Operator: MADDOX ENERGY CORPORATION

Address: 702 VANTAGE TOWER, 2525 STEMMONS FREEWAY, DALLAS, TEXAS 75207

Reason(s) for filing (Check proper box)
- New Well [ ]
- Recompletion [ ]
- Change in Operator [X]
- Change in Transporter of: Oil [ ] Dry Gas [ ] Casinghead Gas [ ] Condensate [ ]

Other (Please explain): Change in Operator effective February 17, 1977.

If change of Operator give name and address of previous ~~Owner~~ Operator: Llano, Inc. P. O. Box 1320, Hobbs, New Mexico 88240

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease (State, Federal or Fee)	Lease No.
Higgins Trust, Inc. Com.	1	Atoka Penn ~~Morrow~~	Fee	

Location: Unit Letter A ; 990 Feet From The North Line and 990 Feet From The East

Line of Section 13 Township 18S Range 26E , NMPM, Eddy County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [X]: Navajo Crude Oil Purchasing Co.
Address (Give address to which approved copy of this form is to be sent): P. O. Drawer 175, Artesia, New Mexico 88210

Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [X]: Transwestern Pipeline Company
Address (Give address to which approved copy of this form is to be sent): P. O. Box 2521, Houston, Texas Attn: Mr. W. L. Vaughn

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	A	13	18S	26E	Yes	4-15-76

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

V. COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.

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
			Depth Casing Shoe

Perforations:

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

VI. 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 allowable for this depth or be for full 24 hours)

OIL WELL

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-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

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

VII. 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.

S. J. Mansfield, Jr.
(Signature)

Vice President and Treasurer
(Title)

FEB 14 1977
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 15 1977, 19

BY W. A. Gressett

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 operator, well name or number, or transporter, or other such change of condition.