

SALE PRICE	/	
FILE	/	✓
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL /	
	GAS /	
OPERATOR	/	
PRODUCTION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Superseding Old C-101 and C-1
Effective 1-1-65

RECEIVED

FEB 16 1977

O. C. C.
ARTESIA, OFFICE

Operator	MADDOX ENERGY CORPORATION 702 VANTAGE TOWER 2525 STEMMONS FREEWAY DALLAS, TEXAS 75207
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Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	Change in Operator Effective February 17, 1977
Recompletion ☐	
Change in Operator ☒	
Change in Transporter of: Oil ☐ Dry Gas ☐	
Casinghead Gas ☐ Condensate ☐	

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

I. DESCRIPTION OF WELL AND LEASE			
Lease Name <u>Leavitt Com.</u>	Well No. <u>1</u> Pool Name, including Formation <u>Atoka Penn Morrow</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No.
Location Unit Letter <u>F</u> ; <u>1980</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>West</u> Line of Section <u>13</u> Township <u>18S</u> Range <u>26E</u> , NMPM, <u>Eddy</u> County			

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil ☐ or Condensate ☒ <u>Permian Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1183, Houston, Texas 77001</u>
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ <u>Transwestern Pipeline Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 2521, Houston, Texas Attn: Mr. W. L. Vaughn</u>
If well produces oil or liquids, give location of tanks.	Unit <u>F</u> Sec. <u>13</u> Twp. <u>18S</u> Rge. <u>26E</u> Is gas actually connected? <u>Yes</u> When <u>6-25-76</u>

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

III. COMPLETION DATA			
Designate Type of Completion - (X)	Oil Well ☐ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Same Restv. ☐ Part. Restv. ☐		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, CR, 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

IV. 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 - Bbls.	Water - Bbls.	Gas - MCF

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

V. 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.	
<u>S. J. Mansfield, Jr.</u> (Signature) Vice President and Treasurer FEB 14 1977 (Date)	

OIL CONSERVATION COMMISSION MAR 15 1977	
APPROVED	19
BY <u>W. A. Gressett</u>	
TITLE <u>SUPERVISOR, DISTRICT II</u>	
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 oyster tests taken on the well in accordance with RULE 111.	
All portions of this form must be filled out completely for allowable on new and recompleted wells.	
Fill out only portions I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.	