

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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APR 22 1981

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. D.
ARTESIA OFFICE

I. OPERATOR	
Maddox Energy Corporation	
Address Suite 906, Blanks Building, Midland, Texas 79701	
Reason(s) for filing (Check proper box) <i>Designate</i>	
New Well ☒	Change in Transporter of:
Recompletion ☐	Oil ☐ Dry Gas ☐
Change in Ownership ☐	Casinghead Gas ☐ Condensate ☒

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Spencer Com	Well No. 1	Pool Name, including Formation Atoka Penn.	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter <u>F</u> ; <u>1650</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>West</u>				
Line of Section <u>9</u> Township <u>18-S</u> Range <u>26-E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☒ Navajo Refining Co. Purchasing Co.	Address (Give address to which approved copy of this form is to be sent) Box 175, Artesia, N.M. 88210	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Transwestern Pipeline	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2521, Houston, Texas 77001	
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 9
	Twp. 18-S	Rge. 26-E
	Is gas actually connected? <u>Yes</u> When <u>11-21-80</u>	

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest'v.	Diff. Rest'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.				
Elevations (DE, RAB, 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			
See previous C-104									
Dated Dec. 2, 1980									

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 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. - MCF/D 290MCF/D	Length of Test 24 hrs.	Initial Condensate/MMCF 8	Gravity of Condensate 50°
Testing Method (Flow, back pr.) Pipeline	Tubing Pressure (Shut-in) 2400#	Casing Pressure (Shut-in) Packer	Choke Size 5/64"

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Quentin D. Clegg
(Signature)

Operations Manager

April 16, 1981

OIL CONSERVATION DIVISION

APPROVED APR 23 1981, 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 owner, well name or number, or transporter or other such change of condition. Separate Form C-104 must be filed for each pool in 111.