1.	DISTRIBUTION DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE IRANSPORTER OIL OPERATOR PRORATION OFFICE Operator Maddox Energy Address	_ REQUEST	CONSERVATION CO SSION FOR ALLOWABL AND RECEIVED CANSPORT OIL AND NATURAL DEC 3 1990 O. C. D. ARTESIA, OHICE	GAS Form C-104 Supersedes Old C-104 and C-1 Effective 1-1-65 GAS
	Suite 906, B Reason(s) for filing (Check proper box New We!! Recompletion XX Change in Ownership If change of ownership give name and address of previous owner	Change in Transporter of: Cil Dry G	CASINGHEAD G FLARED AFTER	CAPTION TO Kule 306
п.		Well No. Pool Name, Including I 1 S. Culebra Bli 30 Feet From The north Li	Formation Kind of Lea uff, Bone Spring State, Feder ne and 990 Feet From 28-E , NMPM, Eddy	The east
	DESIGNATION OF TRANSPOR Name of Authorized Transporter of Oil The Permian Corpon Name of Authorized Transporter of Car El Paso Natural Ga If well produces oil or liquids, give location of tanks.	cation singhead GasxX or Dry Gas as Company Unit Sec. Twp. Pge. H 27 23-S 28-E	Address (Give address to which appr P. O. Box 1183, Houst Address (Give address to which appr P. O. Box 1492, El Pa Is gas actually connected?	on, Texas 77001 oved copy of this form is to be sent)
	If this production is commingied with COMPLETION DATA Designate Type of Completion Date Spudded 7/30/78 Elevations (DF, RKB, RT, GR, etc.) 3035 GL Perforations	Oil Well Gas Well	New Well Workover Deepen X Total Depth 13,100' KB Top Oll/Gas Pay 6274'	Plug Back Same Res'v. Diff. Res'v. X X P.B.T.D. 6964 ' Tubing Depth 6082 ' Depth Casing Shoe
	6274-6588' HOLE SIZE 26" 17" 12 1/4"	TUBING, CASING, ANI CASING & TUBING SIZE 20" 13 3/8" 9 5/8"	D CEMENTING RECORD DEPTH SET 403' 3015' 10375' 608 Z	13,100 KB SACKS CEMENT 750 4000 3055
	TEST DATA AND REQUEST FO OIL WELL Date First New Oil Run To Tanks // 10/23/80 Length of Test 24 hrs. Actual Prod. During Test	DR ALLOWABLE (Test must be a able for this de able for this de lable for this de lab		and must be equal to or excepting allow- if, etc.) Choke Size 20/64" Gas-MCF 100 Est.
	GAS WELL Actual Prod. Test-MCF/D Testing Kethod (pitor, back pr.)	Longth of Test Tubing Procewo (Shut-in)	Bble. Condensate/MMCF Casing Pressure (Shut-in)	Gravity of Condensate Choke Size
1	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.		OIL CONSERVATION COMMISSION APPROVED DEC 4 1980	
<u>(Judtale)</u> , <u>Cany</u> (Signature) J Operations Manager (Title) 12/1/80 (Date)		If this is a request for sllowable for a newly drilled or despend 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 slicw- eble 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.		

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