

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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O. C. D.
ARTESIA, OFFICE

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

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	GAS ✓
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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Maddox Energy Corporation

Address
1008 W. Pierce, Suite 2-A, Carlsbad, New Mexico 88220

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input checked="" type="checkbox"/> Recompletion	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate	
<input type="checkbox"/> Change in Ownership			

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Malaga	Well No. 1	Pool Name, including Formation Wildcat Bone Spring	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter <u>G</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>3</u> Township <u>24-S</u> Range <u>28-E</u> , NMPM, <u>Eddy</u> County				

*Post FD-2
9-13-85
Camp BS*

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Crude Oil Purchasing Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 159, Artesia, New Mexico 88210
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492, El Paso, Texas 79978
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. G 3 24S 28E
Is gas actually connected?	When yes 7-27-79

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

NOTE: Complete Parts IV and V on reverse side if necessary.

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 is true and complete to the best of my knowledge and belief.

Rebecca A. Hughes
(Signature)

Agent
(Title)

8/30/85
(Date)

OIL CONSERVATION DIVISION

SEP 17 1985

APPROVED _____, 19 _____

BY _____
Original Signed By
Les A. Clements

TITLE _____
Supervisor District 11

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.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well X	Gas Well	New Well	Workover X	Deepen	Plug Back X	Same Res'v.	Diff. Res'v. X
Date Spudded 2-27-79	Date Compl. Ready to Prod. 8-24-85		Total Depth 13,100'			P.B.T.D. 9530'			
Elevations (DF, RKB, RT, CR, etc.) 3016' GL, 3041' KB	Name of Producing Formation Bone Spring		Top Oil/Gas Pay 6304'			Tubing Depth 6234'			
Perforations 6304-6331' - 18 holes - .4"						Depth Casing Shoe 13,100'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
26"	20"		400'			2100 SXS			
17-1/2"	13-3/8"		3000'			2400 SXS			
12-1/4"	9-5/8"		10,400'			3460 SXS			
8-1/2"	7"		12,070'			550 SXS			
6-1/8"	4-1/2"		13,100'			275 SXS			

V. 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)

Date First New Oil Run To Tanks 8-24-85	Date of Test 8-25-85	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 900#	Casing Pressure N/A	Choke Size 10/64"
Actual Prod. During Test	Oil-Bbls. 229	Water-Bbls. 450	Gas-MCF 400

GOR 1747.1

GAS WELL

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