| IANTA FE P. O. BO FILE P. O. BO SANTA FE, NEW LAND OFFICE TRANSPONTER OIL P OFENATOR OFFICE ABO FILE P. O. BO SANTA FE, NEW REQUEST FO ABO ABO ABO ABO ABO ABO ABO AB | Form C-104 Revised 10-01-78 Format 06-01-83 Page 1 DX 2088 W MIEXICO 87501 R ALLOWABLE IND PORT OIL AND NATURAL GAS |
|--|---|
| Operator PARKER & PARSLEY PETROLEUM COMPANY | |
| Address P.O. BOX 3178, MIDLAND, TEXAS, 79702 | |
| Reason(s) for liling (Check proper box) Other (Please explain) | |
| New Well Change in Transporter of: | y con affective 11-1-86 |
| | andensole |
| | |
| If change of ownership give name MADDOX ENERGY CORPORATION, 200 CRESCENT COURT, STE. 1610 DALLA and address of previous owner | |
| II. DESCRIPTION OF WELL AND LEASE R-8035 11-1-86 | |
| Lease Name Well No. Pool Name, lociuding Formation Kind of Lease Lease No. | |
| Malaga 1 1 Wildcar Bone Springs Fee | |
| 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 3 Township 24S Range 28E , NMFM, Eddy County | |
| | |
| III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL | , GAS Address (Give address to which approved copy of this form is to be sent) |
| Navajo Crude OIl Purchasing Co. | P.O. Box 159, Artesia, New Mexico, 8821 |
| Hame of Authorized Transporter of Casinghead Gas or Dry Gas | Addrens (Give address to which approved copy of this form is to be sent) |
| El Paso Natural Gas Co. | P.O. Box 1492, El Paso, Texas, 79978 |
| If well produces off or liquide, give location of tanks. G 3 245 281 | Yes 7/27/79 Post 10-3 |
| 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 | OIL CONSERVATION DIVISION |
| I hereby certify that the rules and regulations of the Oil Conservation Division have | APPROVED DEC 30 1986 |
| been complied with and that the information given is true and complete to the best of my knowledge and belief. | BYOriginal Signed By |
| ing knowledge and benefit | Los A. Clements |
| | TITLE Supervisor District II |
| E_Bradford_Mantz_ | This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened |
| (Signature) | well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. |
| (Tille) | All sections of this form must be filled out completely for show- able on new and recompleted wells. |
| (Date) | 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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