

## OIL CONSERVATION DIVISION RECEIVED

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

JUL 6 1981

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASO. C. D.  
ARTESIA OFFICE

I.

|                        |   |
|------------------------|---|
| NO. OF COPIES RECEIVED |   |
| DISTRICT               |   |
| SANTA FE               | 1 |
| FILE                   | 1 |
| U.S.G.                 |   |
| LAND OFFICE            |   |
| TRANSPORTER            | 1 |
| OIL                    | 1 |
| GAS                    | 1 |
| OPERATOR               | 1 |
| PRODUCTION OFFICE      |   |

Operator

Maddox Energy Corporation

Address

Suite 906 Blanks Building, Midland, TX 79701

Reason(s) for filing (Check proper box)

New Well

☒

Recompletion

☐

Change in Ownership

☐

Change in Transporter of:

Oil

☐

Dry Gas

☐

Casinghead Gas

☐

Condensate

☐

Other (Please explain)

To show connection to El Paso Natural Gas pipeline for casinghead gas.

If change of ownership give name and address of previous owner.

## II. DESCRIPTION OF WELL AND LEASE

|                        |          |                                                           |                           |                   |
|------------------------|----------|-----------------------------------------------------------|---------------------------|-------------------|
| Lease Name             | Well No. | Pool Name, Including Formation                            | Kind of Lease             | Lease No.         |
| Pardue Farms 26 Btry 3 | 3        | S Culebra Bluff Bone Spring                               | State, Federal or Fee Fee |                   |
| Location               |          |                                                           |                           |                   |
| Unit Letter            | F        | 2080 Feet From The north Line and 1980 Feet From The west |                           |                   |
| Line of Section        | 26       | Township 23S                                              | Range 28E                 | NMPM, Eddy County |

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|                                                                                                                          |                                                                          |      |      |      |                            |         |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|------|------|------|----------------------------|---------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>         | Address (Give address to which approved copy of this form is to be sent) |      |      |      |                            |         |
| Permian (El Paso)                                                                                                        | Box 1183 Houston Texas 77001                                             |      |      |      |                            |         |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |      |      |      |                            |         |
| El Paso Natural Gas Company                                                                                              | Box 1492, El Paso, Texas 79978                                           |      |      |      |                            |         |
| If well produces oil or liquids, give location of tanks.                                                                 | Unit                                                                     | Sec. | Twp. | Rge. | Is gas actually connected? | When    |
|                                                                                                                          | E                                                                        | 26   | 23S  | 28E  | Yes                        | 5/15/81 |

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 Res'v. | Diff. Res'v. |
|                                      |                             |          |                 |          |        |                   |             |              |
| Date Spaced                          | Date Compl. Ready to Prod.  |          | Total Depth     |          |        | P.B.T.D.          |             |              |
| Elevations (DF, RKB, RT, GR, 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      |             |              |
|                                      |                             |          |                 |          |        |                   |             |              |
|                                      |                             |          |                 |          |        |                   |             |              |
|                                      |                             |          |                 |          |        |                   |             |              |

## 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)

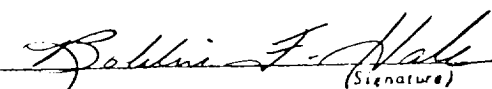
|                                 |                 |                                               |            |
|---------------------------------|-----------------|-----------------------------------------------|------------|
| Date First New Oil Run To Tanks | Date of Test    | Producing Method (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. 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            |

## 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.



Production Agent

July 1, 1981

(Title)

(Date)

## OIL CONSERVATION DIVISION

APPROVED JUL 14 1981

BY W. A. Gessert  
SUPERVISOR, DISTRICT II

TITLE

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 deviated 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.