

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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**OCT 27 1986**  
O. C. D.  
ARTESIA OFFICE  
OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator PARKER & PARSLEY PETROLEUM COMPANY

Address P.O. BOX 3178, MIDLAND, TEXAS, 79702

Reason(s) for filing (Check proper box)

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

Other (Please explain) Effective 11-1-86

If change of ownership give name and address of previous owner MADDOX ENERGY CORPORATION, 200 CRESCENT COURT, STE.1610 DALLAS, TEXAS 75201

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Pardue farms 27 Btry1</u>	Well No. <u>3</u>	Pool Name, including Formation <u>S. Culebra Bluff Bone Spgs</u>	Kind of Lease <u>State, Federal or Fee</u>	Lease Fee <u>Fee</u>
Location				
Unit Letter <u>J</u> ; <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u>				
Line of Section <u>27</u> Township <u>23S</u> Range <u>28E</u> , NMFM, <u>Eddy</u> 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"/> <u>Permian Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1183, Houston, Texas, 77001</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>El Paso Natural Gas Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1492, El Paso, Texas, 79978</u>
If well produces oil or liquids, give location of tanks.	Unit   Sec.   Twp.   Rge.   Is gas actually connected?   When
	<u>H</u>   <u>27</u>   <u>23S</u>   <u>28E</u>   <u>Yes</u>   <u>7/15/81</u>

If this production is commingled with that from any other lease or pool, give commingling order number: 1-2-87

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.

E. Bradford Mantz  
(Signature)  
Agent  
(Title)  
11/1/86  
(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 30 1986, 19\_\_

BY Original Signed By  
Les A. Clements

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 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 multiple completed wells.