

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PRODUCTION OFFICE	

RECEIVED

Maddox Energy Corporation

Address
P. O. Box 217, Loving, New Mexico 88256

JAN 8 1982

Reason(s) for filing (Check proper box)

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

Other (Please explain)

O. C. O.
ARTERIA, CRISTECASINGHEAD GAS MUST NOT
FLARED AFTER 3-1-82
UNLESS AN EXCEPTION TO Rule 306
IS OBTAINED
Ex # 2-601If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name Pardue Farms 21	Well No. 1	Pool Name, Including Formation Wildcat Bone Springs	Kind of Lease State, Federal or Fee	Lease Fee Fee
Location Unit Letter <u>B</u> : 1980 Feet From The <u>East</u> Line and <u>990</u> Feet From The <u>North</u> Line of Section <u>21</u> Township <u>24-S</u> Range <u>28-E</u> , NMPM, <u>Eddy</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, Texas 77001	
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 21	Sec. 24-S
	Twp. 28-E	Rge. 28-E
	Is gas actually connected? <input type="checkbox"/> When	

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'tv. <input type="checkbox"/>	Diff. Fr. <input type="checkbox"/>
Date Spudded 6-4-81	Date Compl. Ready to Prod. 12-11-81		Total Depth 11,850'		P.B.T.D. 6510'			
Elevations (DF, RKB, RT, GR, etc.) 3022' GL	Name of Producing Formation Bone Springs		Top Oil/Gas Pay 6125'		Tubing Depth 6377.87'			
Perforations 6125 - 6478' - 49 shots					Depth Casing Shoe 9450'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
26"	20", 106.50#, K-55	500'	1100
17-1/2"	13-3/8", 61#, K-55 ST&C	2600'	3550
12-1/4"	9-5/8", 47# NT95 LT&C,	9450'	3300
	43.50# S95 LT&C & 47# N+80 LT&C		

II. 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 of
OIL WELL able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 12-16-81	Date of Test 1-2-82	Producing Method (Flow, pump, gas lift, etc.) pumping	
Length of Test 24 hrs.	Tubing Pressure -----	Casing Pressure -----	Choke Size open
Actual Prod. During Test	Oil-Bbls. 22	Water-Bbls. 160	Gas-MCF 17

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

III. 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.

OIL CONSERVATION DIVISION

APPROVED JAN 21 1982, 19

BY W. A. Gussitt

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 deviation
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for allow-
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of own-
er, well name or number, or transporter, or other such change of condition.Separate Forms C-104 must be filed for each pool in multi-
completed wells.

Production Supervisor

(Title)

1-7-82

(Date)