STATE OF NEW MEXICO		· ·	
ENERGY AND MINERALS DEPARTMEN	Ţ		Form C-104
			Revised 10:01-78 Format 06:01-83
		Page 1	
FILE V	P. O. BOX 2088		
U.S.G.B.	SANIA FE, NEW	MEXICO 87501	
	• •		
OAB V	REQUEST FOR	_ •	
PROMATION OFFICE		ND PORT OIL AND NATURAL GAS	
1. Operator	L DETROI PUN COMPANY	/	· · · · · · · · · · · · · · · · · · ·
	PETROLEUM COMPANY	<u>√</u>	
P.O. BOX 3178, M	AIDLAND, TEXAS, 79702)	
Reason(s) for filing (Check proper box,		Other (Please explain)	
New Well	Change in Transporter of:		
Recompletion	8 8	Y Gas FII L.	il i au
XX Change in Ownership	Casinghead Gas Co	indensate Afective	11-1-86
If change of ownership give name	AADDOX ENERGY CORPORA	ATION, 200 CRESCENT C	OURT, STE.1610 DALLAS
and address of previous owner			• • • • • • • • • • • • • • • • • • •
II. DESCRIPTION OF WELL ANI	TEXAS, 75201 D LEASE		
Lecse Name	Well No. Pool Name, Including Fo		Leane No.
Pardue Farms 27, Btr	<u>y 5 5 S. Culebra B</u>	luff Bone Spg Frate, Federal	or Fee
Location			TIT
Unit Letter 18	574 Feel From The South Line	and <u>554</u> Feet From T	heWest
	mahlp 23S Range 2	SE , NMPM, Eddy	County
Ling of Section 27 Tow	mahlp 235 Range 2		
III DESIGNATION OF TRANSF	ORTER OF OIL AND NATURAL	, GAS	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL		Address (Give address to which approve	d copy of this form is to be sent)
Permian Corporation Permian (Eff. Contemporation		P.O. Box 1183, Houst	on, Texas, 77001
Hame of Authorized Transporter of Cas		Address (Give address to which approve	
El Paso Natural Gas	and the second	P.O. Box 1492, El Pa	
If well produces oil or liquids,	Unit Sec. Twp. Rge.	1s gas actually connected? When Yes	2/26/82 Past IA-3
Q			
If this production is commingled wit	th that from any other lease or pool,	give comminging order number:	1-2-0/
NOTE: Complete Parts IV and V	V on reverse side if necessary.		Chz. Op
VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATI	
		DEC 3	0 1986
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. <u>E Bradford Mantz</u> (Signatwe)		APPROVED	
		BYOriginal Sig	ned By
		Les A. Clements	
		TITLESupervisor District It	
		This form is to be filed in co	•
		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	
(SIEna	s	tests taken on the well in accord	
(Tille)		All sections of this form must able on new and recompleted well	t be filled out completely for allow-
		-	III, and VI for changes of owner,
(Dat	•)	well name or number, or transporte	n or other such change of condition.
		Separate Forma C-104 must completed wells.	be filed for each pool in multiply

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