

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

I. Operator Ned Maddox

Address 717 N. Harwood, LB 14, Dallas, Texas 75201

Reason(s) for filing (Check proper box)

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

Other (Please explain)  
CASINGHEAD GAS MUST NOT BE FLARED AFTER 10-25-84 UNLESS AN EXCEPTION FROM THE B. L. M. IS OBTAINED

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Enfield Federal</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>Wildest Bone Spring</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>NM-20359</u>
Location Unit Letter <u>P</u> : <u>660</u> Feet From The <u>South</u> Line and <u>810</u> Feet From The <u>East</u> Line of Section <u>17</u> Township <u>24-S</u> Range <u>28-E</u> , NMPM, <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>Navajo Crude Oil Purchasing Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 159, Artesia, New Mexico 88210</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
<u>P 17 24S 28E</u>	<u>no</u>

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

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.

Becky Hughes  
(Signature)  
Production Agent  
(Title)  
9/19/84  
(Date)

OIL CONSERVATION DIVISION

APPROVED SEP 24 1984, 19\_\_\_\_  
BY Original Signed By  
Leslie 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 deviation 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.

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 4-30-84	Date Compl. Ready to Prod. 6-22-84	Total Depth 6500'			P.B.T.D. 6005'				
Elevations (DF, RKB, RT, GR, etc.) 3067'-KB 3054'-GR	Name of Producing Formation Delaware	Top Oil/Gas Pay 5991'			Tubing Depth <del>3019'</del> 5980'				
Perforations 5991', 5995', 5997' & 6001' - total 8 holes - .375"						Depth Casing Shoe 6478'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17-1/2"	13-3/8"		422'		425 sx				
12-1/4"	8-5/8"		2367'		850 sx				
7-7/8"	4-1/2"		6478'		1800 sx				
	2-3/8" tbq.		3019' 5980'						

#### V. 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 all allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 6-25-84	Date of Test 6-25-84	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hr.	Tubing Pressure N/A	Casing Pressure N/A	Choke Size N/A
Actual Prod. During Test	Oil-Bbls. 20	Water-Bbls. 146	Gas-MCF tstm

#### GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size