

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	✓
FILE	✓
U.S.G.S.	✓
LAND OFFICE	✓
TRANSPORTER	OIL ✓ GAS ✓
OPERATOR	✓
PROMOTION OFFICE	✓

RECEIVED BY

CT 27 1986

O. C. D.

ARTERIA, OREGON

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:	Other (Please explain) <i>Effective 11-1-86</i>
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

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 Flower Draw Unit	Well No. 1	Pool Name, including Formation Wildest Bone Springs	Kind of Lease State, Federal or Fee State	Lease No. LG 7017
---------------------------------------	----------------------	---	---	-----------------------------

Location

Unit Letter **G** : **1980** Feet From The **North** Line and **1980** Feet From The **east**

Line of Section **2** Township **26S** Range **28E** , NMPM, **Eddy** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> 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 type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas	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 G	Sec. 2	Twp. 26S	Rge. 28E	Is gas actually connected? Yes	When 4/4/ 85
--	---------------	---------------	-----------------	-----------------	---------------------------------------	---------------------

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

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

DEC 30 1986

APPROVED _____, 19____

BY _____ Original Signed By
Les A. Clement

TITLE _____ Supervisor District _____

This form is to be filled 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 filled for each pool in multiply completed wells.