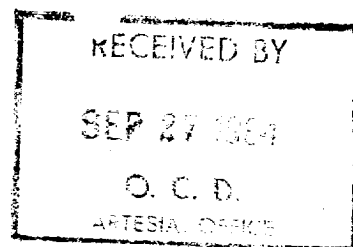


STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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	GAS
OPERATOR	
PRODUCTION 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
Maddox Energy Corporation ✓

Address
717 N. Harwood, LB 14, Suite 3030, Dallas, Texas 75201

Reason(s) for filing (Check proper box)
☒ New Well
☐ Recompletion
☐ Change in Ownership
 Change in Transporter of:
☐ Oil
☐ Casinghead Gas
☐ Dry Gas
☐ Condensate

Other (Please explain)
CASINGHEAD GAS MUST NOT BE
FLARED AFTER 12-15-84
UNLESS AN EXCEPTION TO:
RULE 306 IS OBTAINED ✓

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Flower Draw Unit 3	Well No. 3	Pool Name, including Formation Und. Bell Canyon	Kind of Lease State, Federal or Fee State	Lease No. LG-1171
Location Unit Letter I ; 1980 Feet From The South Line and 660 Feet From The East Line of Section 3 Township 26S Range 28E, NMPM, Eddy 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"/> 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 type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Post 10-2 10-19-84 Camp & BK	
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 3
	Twp. 26S	Rge. 28E
	Is gas actually connected? no	

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)

9/25/84
(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 15 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 8-13-84	Date Compl. Ready to Prod. 9-10-84		Total Depth 6500'		P.B.T.D. 6223'				
Elevations (DF, RKB, RT, GR, etc.) 2951' KB 2937' GR	Name of Producing Formation Bell Canyon (Delaware)		Top Oil/Gas Pay 2844'		Tubing Depth 2773'				
Perforations 2844' to 2856' - 12 holes - .36" diameter					Depth Casing Shoe 6500'				
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17-1/2"	13-3/8"		419'		355 SX				
11"	8-5/8"		2795'		750 SX				
7-7/8"	4-1/2"		6500'		1125 SX				
	2-3/8"		2773'						

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 allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 9-10-84	Date of Test 9-14-84	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 6 hours	Tubing Pressure 685 psig	Casing Pressure pkc.	Choke Size 13/64"
Actual Prod. During Test	Oil - Bbls. 7	Water - Bbls. 36	Gas - MCF 46

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