

NEW MEXICO OIL CONSERVATION COMMISSION

POTENTIAL TEST AND REQUEST FOR ALLOWABLE
AND/OR

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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|---|---|
| Operator MAXWELL OIL COMPANY | |
| Address 2017 Continental National Bank Building, Fort Worth, Texas - 76102 | |
| REASON (S) FOR FILING (Check proper box) | |
| Change in Transporter (Check One) | New Well <input type="checkbox"/> Re-completion <input type="checkbox"/> Change in Ownership <input type="checkbox"/> |
| OIL <input type="checkbox"/> DRY GAS <input type="checkbox"/> CASINGHEAD GAS <input type="checkbox"/> CONDENSATE <input type="checkbox"/> | Other (Explain) Change of Lease Name and Well Number <i>from A.C. Taylor A # 3</i> |

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|---|------------------------------------|--|-----------------------|
| DESCRIPTION OF WELL AND LEASE | | | |
| Lease Name Taylor Unit | Well No. (in- 7 section) | Pool Name, Including Formation Shugart Field - Queen | County Eddy |
| Location UNIT LETTER N ; 660 FEET FROM THE South LINE AND 1980 FEET FROM THE West LINE OF SECTION 12 , TOWNSHIP 18S , RANGE 31E NMPM. | | | |

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| I. CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS | | | |
| Transporter: <input type="checkbox"/> Oil <input type="checkbox"/> Condensate | Transporter: <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas | | |
| Name: | Name: | | |
| Address | Address | | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Tup. Rge. |
| | | | Is Well Actually Connected? When |

If this production is commingled with that from any other lease or pool, give Commingling Order No. _____

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|--------------------------------------|----------------------------|----------|-----------------|----------|-------------------|-----------|-------------|--------------|
| II. COMPLETION DATA | | | | | | | | |
| Designate Type Of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| Date Spudded | Date Compl. Ready to Prod. | | Total Depth | | P.B.T.D. | | | |
| Pool | Name of Prod. Formation | | Top Oil/Gas Pay | | Tubing Depth | | | |
| Perforations | | | | | Depth Casing Shoe | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
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| TEST DATA | | | |
| OIL WELL | | | |
| Date of first prod. | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test * | Oil - Bbls. | Water - Bbls. | Gas - MCF |

* Prod. after recovery of total volume of load oil and must exceed normal unit allowable or test must be for full 24 hrs.

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|------------------------------------|-----------------|-----------------------|-----------------------|
| GAS WELL | | | |
| Actual Prod. Test - MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method - (pilot, back pr.) | Tubing Pressure | Casing Pressure | Choke Size |

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| CERTIFICATE | |
| I hereby certify that the information given above is true and complete to the best of my knowledge and belief, and further certify, that the rules and regulations of the Oil Conservation Commission have been complied with. | |
| Joseph D. Kennedy (Signature) Secretary-Treasurer (Title) June 13, 1967 (Date) | |

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| OIL CONSERVATION COMMISSION | |
| APPROVED | JUN 22 1967 |
| BY | W. A. Grissett |
| TITLE | OIL AND GAS INSPECTOR |
| 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. This form must be filled out completely for allowable on new and re-completed wells. Fill out Sections I, II and III for change of owner, well name, transporter or other change of condition. | |

| OIL CONSERVATION COMMISSION | |
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| ARTICLE 1. PURPOSE | |
| No. of copies | 5 |
| Cost | 3 |
| Value | 1- |
| Other | |
| Sub. No. | |