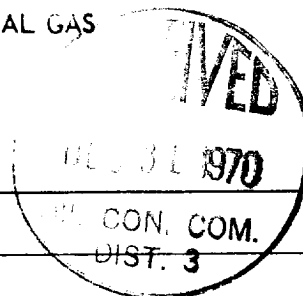


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LAND OFFICE	
TRANSPORTER	OIL 1 GAS
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASForm C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. Operator
Gilbert Maxwell

Address
Box 234, Farmington, N. M. 87401

Reason(s) for filing (Check proper box) Other (Please explain)

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

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Maxwell Bah-e	Well No. 1	Pool Name, Including Formation Lone Pine Dakota	Kind of Lease State, Federal or Fee Ind. N00-C-14-20-3007	Lease No.
Location Unit Letter L ; 1980' Feet From The south Line and 660 Feet From The west Line of Section 18 Township 17N Range 8W , NMPM, McKinley 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 Corp.	Address (Give address to which approved copy of this form is to be sent) Box 3119, Midland, Texas 79704	
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 L	Sec. 18
	Twp. 17N	Rge. 8W
	Is gas actually connected? No	When

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 12/15/70	Date Compl. Ready to Prod. 12/27/70	Total Depth 2755'	P.B.T.D. 2713'					
Elevations (DE, RKB, RT, GR, etc.) 6926' Gr.	Name of Producing Formation Dakota	Top Oil/Gas Pay 2687'	Tubing Depth 2711' -					
Perforations 2687' - 92'			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4"	8 5/8"	107'	75 SX.					
7 7/8"	5 1/2"	2752'	175 SX.					
	2 3/8"	2711'						

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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 12/27/70	Date of Test 12/27/70	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 10 hrs.	Tubing Pressure 150 psi	Casing Pressure 450 psi.	Choke Size 1/2"
Actual Prod. During Test 220	Oil-Bbls. 528	Water-Bbls. ---	Gas-MCF 528

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

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Ordered by T. A. Dugan

(Signature)

Engineer

(Title)

12/31/70

(Date)

OIL CONSERVATION COMMISSION

APPROVED

BY *Ernest C. Gandy*TITLE *Self*

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.