

RECEIVED

POTENTIAL TEST AND REQUEST FOR ALLOWABLE

APR 6 1967

AND/OR

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Maxwell Oil Company			
Address 2017 Continental National Bank Building, Fort Worth, Texas			
REASON (S) FOR FILING (Check proper box)			
Change in Transporter (Check One)		New Well <input type="checkbox"/>	Re-completion <input type="checkbox"/>
OIL <input type="checkbox"/>	DRY GAS <input type="checkbox"/>	Change in Ownership <input type="checkbox"/>	
CASINGHEAD GAS <input checked="" type="checkbox"/>	CONDENSATE <input type="checkbox"/>	Other: (Explain) <i>From McWood Corp.</i>	

DESCRIPTION OF WELL AND LEASE

Lease Name State	Well No. 1	Pool Name, including Formation Undesignated Haljamar - San Andres	County Eddy
Location UNIT LETTER M : 660 FEET FROM THE South LINE AND 660 FEET FROM THE West			
LINE OF SECTION 36 , TOWNSHIP 17S , RANGE 31E NMPM.			

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Transporter: <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Condensate	Transporter: <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas
Name: The Permian Corporation	Name: No outlet - gas being vented
Address: P. O. Box 3119	Address:
Midland, Texas	
If well produces oil or liquids, give location of tanks.	Is Well Actually Connected? When
Unit Sec. Twp. Rge.	

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

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					

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.

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

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)
Joseph D. Kennedy
Secretary-Treasurer
(Title)
April 5, 1967
(Date)

OIL CONSERVATION COMMISSION

APPROVED **6 1967**, 19BY *W. A. Gressett*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

ARTESIA DISTRICT OFFICE

No. Conns. Filled 5

OIL CONSERVATION

OPERATIONS

CONTRACT

PERIOD

STATUS

MATERIAL

TRANSPORTATION

FUEL

EQUIPMENT

FUEL

2

1

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