

RECEIVED

POTENTIAL TEST AND REQUEST FOR ALLOWABLE

JUN 16 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 - 76102
REASON (S) FOR FILING (Check proper box)	
Change in Transporter (Check One)	
OIL <input type="checkbox"/> DRY GAS <input type="checkbox"/>	
CASINGHEAD GAS <input type="checkbox"/> CONDENSATE <input type="checkbox"/>	
New Well <input type="checkbox"/>	Re-completion <input type="checkbox"/>
Other (Explain) <i>Show gas transporter Change of Lease Name and Well Number from Malco Taylor A # 3</i>	Change in Ownership <input type="checkbox"/>

DESCRIPTION OF WELL AND LEASE

Lease Name	Taylor Unit	Well No.	11	Pool Name, Including Formation	Shugart Field - Queen	County	Eddy
Location	UNIT LETTER <u>B</u> : <u>660</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM THE <u>East</u>						
	LINE OF SECTION <u>13</u> , TOWNSHIP <u>18S</u> , RANGE <u>31E</u> 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 checked="" type="checkbox"/> Casinghead Gas				
Name: Texas-New Mexico Pipe Line Company	Name: Phillips Petroleum Company				
Address: P. O. Box 1510 Midland, Texas	Address: Frank Phillips Building Bartlesville, Oklahoma				
If well produces oil or liquids, give location of tanks.	Unit <u>N</u> Sec. <u>12</u> Twp. <u>18S</u> Rge. <u>31E</u>	Is Well Actually Connected?	Yes	When	Unknown

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

COMPLETION DATA

Designate Type Of Completion - (X)	<input type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v.	<input type="checkbox"/> 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 - (pilot, 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)
Secretary-Treasurer

(Title)

June 13, 1967

(Date)

OIL CONSERVATION COMMISSION

APPROVED

JUN 22 1967

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BY

W. A. Gussitt

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	
ANNUAL REPORT 1916	
NAME	5
ADDRESS	
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STATE	
COUNTY	
DATE	
REMARKS	oil 1 gas 1 1-

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