

NEW MEXICO OIL CONSERVATION COMMISSION

16 1967

POTENTIAL TEST AND REQUEST FOR ALLOWABLE  
AND/OR

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator <b>MAXWELL OIL COMPANY</b>	
Address <b>2017 Continental National Bank Building - Fort Worth, Texas - 76102</b>	
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) <b>Change of Lease Name and Well Number</b> <i>from A C Taylor B #3</i>

DESCRIPTION OF WELL AND LEASE			
Lease Name <b>Taylor Unit</b>	Well No. (in- <b>15</b> section) <b>Shugart Field - Queen</b>	Pool Name, Including Formation <b>Shugart Field - Queen</b>	County <b>Eddy</b>
Location UNIT LETTER <b>F</b> , <b>1980</b> FEET FROM THE <b>North</b> LINE AND <b>1980</b> FEET FROM THE <b>West</b> LINE OF SECTION <b>13</b> , TOWNSHIP <b>18S</b> , RANGE <b>31E</b> NMPM.			

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. \_\_\_\_\_

V. 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			

VI. 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.	
<i>Joseph D. Kennedy</i> <b>Joseph D. Kennedy</b> (Signature) <b>Secretary-Treasurer</b> (Title) <b>June 13, 1967</b> (Date)	

OIL CONSERVATION COMMISSION	
APPROVED <b>JUN 22 1967</b>	19 _____
BY <i>W. A. Grissett</i>	
TITLE _____	

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 CERTIFICATE	
Area of land	3
Number of trees	5
Number of trees	3
Number of trees	1
Number of trees	1-
Number of trees	
Number of trees	