

NEW MEXICO OIL CONSERVATION COMMISSION  
HOBBS OFFICE N.M.C.

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) OIL <input type="checkbox"/> CASINGHEAD GAS <input checked="" type="checkbox"/> DRY GAS <input type="checkbox"/> CONDENSATE <input type="checkbox"/>		New Well <input type="checkbox"/> Re-completion <input type="checkbox"/> Change in Ownership <input type="checkbox"/> Other (Explain) _____	

Lease Name <b>Fraser</b>		Well No. <b>3</b>	Pool Name, Including Formation <b>Milnesand San Andres</b>	County <b>Roosevelt</b>
Location UNIT LETTER <b>0</b> : <b>660</b> FEET FROM THE <b>South</b> LINE AND <b>1980</b> FEET FROM THE <b>East</b> LINE OF SECTION <b>6</b> TOWNSHIP <b>8S</b> RANGE <b>35E</b> NMPM.				

Transporter: <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Condensate Name: <b>Mobil Oil Corporation</b> Address: <b>P. O. Box 900 Dallas, Texas</b>		Transporter: <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Casinghead Gas Name: <b>Cities Service Oil Company</b> Address: <b>Cities Service Building Bartlesville, Oklahoma</b>				
If well produces oil or liquids, give location of tanks.	Unit <b>K</b>	Sec. <b>6</b>	Tup. <b>8S</b>	Rge. <b>35E</b>	Is Well Actually Connected? <b>Yes</b>	When <b>2-1-65</b>

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

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				

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.

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)  
Secretary-Treasurer  
(Title)  
**June 19, 1967**  
(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY \_\_\_\_\_

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.