

NEW MEXICO OIL CONSERVATION COMMISSION, C.

POTENTIAL TEST AND REQUEST FOR ALLOWABLE

AND/OR

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. 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)		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"/>	Other (Explain) _____		
CASINGHEAD GAS <input checked="" type="checkbox"/>	CONDENSATE <input type="checkbox"/>			

II. DESCRIPTION OF WELL AND LEASE

Lease Name Fraser	Well No. 1	Pool Name, Including Formation Milnesand San Andres	County Roosevelt
Location UNIT LETTER M 660 FEET FROM THE South LINE AND 4620 FEET FROM THE East LINE OF SECTION 6 TOWNSHIP 8S RANGE 35E NMPM.			

III. CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

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 - (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 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 III.

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 conditions.