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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND ~~NEW~~ E.O.C.C.
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
JUL 17 11 43 AM '68

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

→ DEVIATION SURVEY REVERSE SIDE ←

Operator TENNECO OIL COMPANY	
Address Box 1031 MIDLAND, TEXAS 79701	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name MAXWELL	Lease No.	Well No. 2	Pool Name, Including Formation North Morton Permo-Pennsylvanian	Kind of Lease State, Federal or Fee FEE
Location				
Unit Letter K ; 1980 Feet From The SOUTH Line and 1980 Feet From The WEST				
Line of Section 31 Township 14S Range 35E , NMPM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
ADMIRAL CRUDE OIL CORP	P.O. Box 1713 MIDLAND, TEXAS 79701	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.		
Unit K	Sec. 31	Twp. 14S
Rge. 35E	Is gas actually connected? NO	When UNKNOWN

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 5-17-68	Date Compl. Ready to Prod. 7-12-68		Total Depth 10582		P.B.T.D. 10550			
Elevations (DF, RKB, RT, GR, etc.) 4066 DF	Name of Producing Formation WOLF CAMP REEF		Top Oil/Gas Pay 10446		Tubing Depth 10430			
Perforations ONE 1/2" JS AT 10446, 47, 48, 49, 67, 68, 72, 74, 76, 82, 86, 89					Depth Casing Shoe 10582			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2	13 3/8		411		350			
11	8 5/8		4570		900			
7 7/8	5 1/2		10582		370			
	2 7/8		10430					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 7-10-68	Date of Test 7-12-68	Producing Method (Flow, pump, gas lift, etc.) PUMP	
Length of Test 24 HRS	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test 345	Oil - Bbls. 285	Water - Bbls. 60	Gas - MCF NA

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

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Monard R. Karsach
(Signature)

SR. PROD. CLERK
(Title)

7-15-68
(Date)

OIL CONSERVATION COMMISSION

APPROVED **JUL 15 1968**, 19

BY **John W. Runyan**

TITLE

This form is to be filed in compliance with RULE 1104.

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.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

DEVIATION
DEPTH

SURVEY
DEGREE

179	$\frac{1}{4}$
710	$\frac{1}{4}$
1520	$\frac{1}{2}$
1906	$\frac{1}{2}$
2270	$\frac{1}{2}$
2780	2
2843	2
3122	$2\frac{1}{2}$
3190	$2\frac{1}{2}$
3295	2
3370	$1\frac{1}{4}$
3640	$1\frac{3}{4}$
3720	$1\frac{3}{4}$
3900	$1\frac{1}{2}$
4085	$\frac{3}{4}$
4200	$\frac{3}{4}$
4860	$\frac{3}{4}$
5350	$\frac{3}{4}$
5780	1
6275	$1\frac{1}{2}$
6790	$1\frac{1}{4}$
6945	$1\frac{3}{4}$
7320	$1\frac{3}{4}$
7540	1
7740	$\frac{3}{4}$
7945	$\frac{3}{4}$
8500	$1\frac{3}{4}$
8776	$1\frac{3}{4}$
9345	$1\frac{3}{4}$
9610	2
10000	2
10327	2
10570	2

THE ABOVE ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

Ronald R. Karnick

SWORN TO ME THIS DATE THE 15 DAY OF JULY 1968

Jeanne Ozmun
NOTARY PUBLIC IN AND FOR MIDLAND
COUNTY, TEXAS