

UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil well [] gas well [] other []
2. NAME OF OPERATOR MARTINDALE PETROLEUM CORPORATION
3. ADDRESS OF OPERATOR P. O. BOX 2403, HOBES, NM 88240
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 860'FNL, 1980'FWL, Sec. 18, T-22S, R-37E

5. LEASE LC 034548
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME Deck Federal
9. WELL NO. 2
10. FIELD OR WILDCAT NAME Drinkard
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 18, T-22S, R-37E, NMPM
12. COUNTY OR PARISH Lea 13. STATE NM
14. API NO. 30-025-25666
15. ELEVATIONS (SHOW DF, KDB, AND WD) 3423.7 GR

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF [] FRACTURE TREAT [] SHOOT OR ACIDIZE [] REPAIR WELL [] PULL OR ALTER CASING [] MULTIPLE COMPLETE [] CHANGE ZONES [] ABANDON* [] (other) []
SUBSEQUENT REPORT OF: [] [] [] [] [] [] [] [] [] []

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

10/27/83 Fraced #2 well with 40,000 gallons gelled water and 53,000#sand through original perforations 6466', 6468', 6492', 6494', 6530', 6532', 6557', 6559', 6574', 6576'.



Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

18. I hereby certify that the foregoing is true and correct
SIGNED [Signature] TITLE Drlg. & Prod. Clerk DATE November 8, 1983

(This space for Federal or State office use)
ACCEPTED FOR RECORD
APPROVED BY [Signature] TITLE _____ DATE _____
CONDITIONS OF APPROVAL [Signature]

MAY 8 1984

Carlsbad ROSWELL, NEW MEXICO

*See Instructions on Reverse Side

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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

I. Operator
MARTINDALE PETROLEUM CORPORATION

Address
P. O. Box 1955, Hobbs, NM 88240

Reason(s) for filing (Check proper box)

New Well <input type="checkbox"/>	Change in Transporter of:	Other (Please explain)
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Gas connection
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
		Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Deck Federal	Well No. 2	Pool Name, including Formation Drinkard	Kind of Lease State, Federal or Fee Federal	Lease No. LC034548
Location				
Unit Letter C	660 feet From The North	Line and 1980	Feet From The West	
Line of Section 18	Township 22 South	Range 37 East	County Lea	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Crude Oil Purchasing	Address (Give address to which approved copy of this form is to be sent) Box 175, Artesia, NM 88210
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Getty Oil Company	Address (Give address to which approved copy of this form is to be sent) Box 1650, Tulsa, OK 74102
If well produces oil or liquids, give location of tanks.	Unit B Sec. 18 Twp. 22S Rge. 37E Is gas actually connected? yes When March 15, 1978

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	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.			
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing 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			

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)

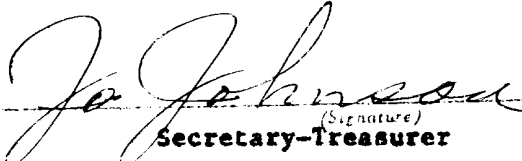
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MWCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	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.


 Secretary-Treasurer
 (Title)
 March 20, 1978
 (Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 22 1978, 19____
 BY Jerry Sexton
 TITLE Dist 1, Supv.

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 deviated 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 recompleting 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 conditions.
 Separate Form C-104 must be filed for each pool in multiple completed wells.