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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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	Box 1955, Hobbs, New Mexico 88240		
Reason(s) for filing (Check proper box)	Other (Please Print)		CASINGHEAD GAS MUST NOT BE FLARED AFTER 11/15/74 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.
New Well <input 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"/>	

If change of ownership give name
and address of previous owner

THIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name Crosby	Well No. 1	Pool Name, including Formation Cato San Andres R-4734	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location					
Unit Letter	0	1930	Feet From The	East	Line and
					660
					Feet From The
					South
Line of Section	26	Township	7	Range	30
					, NMPM, Chaves
					County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Mobil Oil Company	Box 693, Tatum, N.M. 88267					
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)					
None						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Range	Is gas actually connected?	When
	0	26	7	30	no	

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 7-14-71	Date Compl. Ready to Prod. 1-17-72	Total Depth 3722	P.B.T.D. 3720					
Elevations (DF, RKB, RT, GR, etc.) 4208 ft	Name of Producing Formation San Andres	Top Oil/Gas Pay 3454	Tubing Depth 3500					
Perforations 3454-61 3528-50-56-73-77-85 3628-33-39-41	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 12 1/4 7 7/8	CASING & TUBING SIZE 8 5/8 4 1/2		DEPTH SET 277' 3720'		SACKS CEMENT 225 sx 125 sx Class A 125 sx Drimix M			

V. TEST DATA AND REQUEST FOR ALLOWABLE (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)

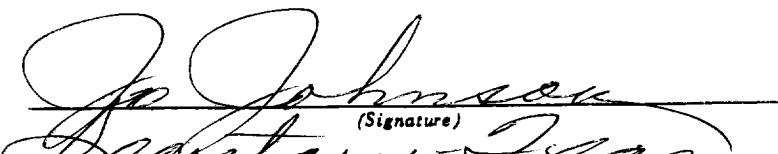
Date First New Oil Run To Tanks 11-15-73	Date of Test 11/24/73	Producing Method (Flow, pump, gas lift, etc.) pump	
Length of Test 24	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 35	Oil - Bbls. 10	Water - Bbls. 25	Gas - MCF TSTM

GAS WELL



Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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.


(Signature)
Secretary-Treasurer
(Title)
Nov. 30, 1973
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY 
TITLE  DIRECTOR

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

1. The first of the following is a
 2. The second of the following is a
 3. The third of the following is a
 4. The fourth of the following is a

5. The fifth of the following is a
 6. The sixth of the following is a
 7. The seventh of the following is a

8. The eighth of the following is a
 9. The ninth of the following is a
 10. The tenth of the following is a