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

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

Form C-104
Supersedes OIL C-104 and C-11
Effective 1-1-65

Operator <i>MARTINDALE PETROLEUM CORPORATION</i>	
Address <i>Box 1955, Hobbs, NM 88249</i>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	Change in Transporter of: ☐
Recompletion ☐	Oil ☐ Dry Gas ☐
Change in Ownership ☐	Casinghead Gas ☐ Condensate ☐
<i>Change in operator from Robert L. Summers effective December 1, 1977</i>	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <i>Carrie O. Davis</i>	Well No. <i>2</i>	Pool Name, including Formation <i>Hobbs San Andres East</i>	Kind of Lease State, Federal or Fee <i>Fee</i>	Lease No.
Location				
Unit Letter <i>L</i>	Feet From The	Line and	Feet From The	
Line of Section <i>29</i>	Township <i>18S</i>	Range <i>39E</i>	NMPM, <i>Lea</i>	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ <i>Shell Pipe Line Company</i>	Address (Give address to which approved copy of this form is to be sent) <i>Houston, TX 77001</i>	
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ <i>Phillips Petroleum Company</i>	Address (Give address to which approved copy of this form is to be sent) <i>Bartlesville, OK</i>	
If well produces oil or liquids, give location of tanks.	Unit <i>N</i>	Sec. <i>29</i>
	Twp. <i>18S</i>	Rge. <i>39E</i>
	Is gas actually connected? <i>Yes</i> When	

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Reservoir	Diff. Reservoir
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, 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/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.

John Rangan
(Signature)
Secretary-Treasurer
(Title)
December 8, 1977
(Date)

OIL CONSERVATION COMMISSION

APPROVED **FEB 2 1978**, 19

Orig. Signed by
John Rangan
Geologist

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 test results 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.