

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

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

Operator MARTINDALE PETROLEUM CORPORATION	
Address Box 1955, Hobbs, NM 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	Change in operator Effective March 1, 1979
Recompletion ☐	Change in Transporter of: Oil ☐ Dry Gas ☐
Change in Ownership ☐	Casinghead Gas ☐ Condensate ☐

If change of ownership give name and address of previous owner Dallas McCasland, Box 206, Eunice, NM 88231

II. DESCRIPTION OF WELL AND LEASE

Lease Name Closson B	Well No. 15	Pool Name, including Formation Jalmit Yates Seven Rivers	Kind of Lease State, Federal or Fee federal	Lease No. LC030132B
Location Unit Letter <u>E</u> ; <u>1980</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>West</u>				
Line of Section <u>19</u> Township <u>22S</u> Range <u>36E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Texas New Mexico Pipe Line Company Cities Service Company	Address (Give address to which approved copy of this form is to be sent) Box 1510, Midland, TX 79701 Tulsa, OK				
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Ashland Exploration, Inc.	Address (Give address to which approved copy of this form is to be sent) Box X 1503, Houston, TX 77001				
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 19	Twp. 22S	Pge. 36E	Is gas actually connected? When yes

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'tv.	Diff. Res'tv.
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 (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		Bbls. Condensate/M-MCF		Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test	Casing Pressure (Shut-in)		Choke Size
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)			

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 15, 1979
(Date)

OIL CONSERVATION COMMISSION
MAR 30 1979
APPROVED _____, 19____
BY _____ Orig. Signed by
John Runyan
TITLE _____ Geologist

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 allowables on new and deepened 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 completion wells.