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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 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)		Other (Please explain) NOT NOT BE	
New Well <input checked="" type="checkbox"/>	Change In Transporter of:	4/16/80	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	UNLE	
Change In Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	TO R-407	
	Dry Gas <input type="checkbox"/>	IS OBTAINED.	
	Condensate <input type="checkbox"/>		

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Closson "B"	26	Jalmat	State, Federal or Fee federal	LC030132b
Location				
Unit Letter 0	1280 Feet From The East Line and 660 Feet From The South			
Line of Section 19	Township 22 South	Range 36 East	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)					
Texas New Mexico Pipe Line Company	Box 1510, Midland, TX 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)					
Petro-Lewis Corporation	Box 61489, Houston, TX 77208					
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 19	Twp. 22S	Pge. 36E	Is gas actually connected?	When
					No	As soon as possible

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 <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 10/23/79	Date Compl. Ready to Prod. 2/16/80		Total Depth 3950'		P.B.T.D. 3710'			
Elevations (DF, RKB, RT, GR, etc.) 3538.5 GR	Name of Producing Formation Yates or Juk		Top Oil/Gas Pay		Tubing Depth 3648'			
Perforations 3442, 3451, 3463, 3482, 3495, 3515, 3518, 3522, 3580					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4	8 5/8 23#/ft new K-55		421		275 sx Class C +2% CaCl			
					Cement circulated			
7 7/8	5 1/2 17#/ft new K-55		3948		675 sx Halco lite +8#sx/			
XXXX	2 3/8 47#/ft new J-55		3648		salt & 8#/sx sand Circ.			

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 2-16-80	Date of Test 2-16-80	Producing Method (Flow, pump, gas lift, etc.) pump	
Length of Test 24	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 10	Oil-Bbls. 10	Water-Bbls. -0-	Gas-MCF 500

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	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.


(Signature)
Secretary-Treasurer
(Title)

February 18, 1980
(Date)

OIL CONSERVATION COMMISSION

APPROVED **FEB 20 1980**, 19_____
BY **Don A. Shaw**
TITLE **Don A. Shaw**

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.

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FEB 19 1980

OIL CONSERVATION DIV.