

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PRODUCTION OFFICE	

MARTINDALE PETROLEUM CORPORATION

Address
P. O. BOX 1955, HOBBS, NEW MEXICO 88240

Reason(s) for filing (Check proper box)

New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain) GAS MUST NOT BE
PLANNED UNDER
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED.

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Peter "A" State	Well No. 1	Pool Name, Including Formation Blinebry Oil & Gas	Kind of Lease State, Federal or Fee State	Lease No. V-15
Location Unit Letter I : 1980 Feet From The South Line and 660 Feet From The East Line of Section 32 Township 20S Range 38E, NMPM, Lea County				

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 checked="" 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 3000, Tulsa, OK 74102			
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 17	Twp. 20S	Rge. 38E
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: In process

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input 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 02/23/81	Date Compl. Ready to Prod. 06/28/81		Total Depth 7375'		P.B.T.D. 6922'			
Elevations (DF, RKB, RT, GR, etc.) 1192.0GR	Name of Producing Formation Blinebry		Top Oil/Gas Pay 5875'		Tubing Depth 6135'			
Perforations 5875', 5877', 5908', 5913', 5925', 6005', 6007', 6009', 6036', 6098', 6112'					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE 12-1/4"	CASING & TUBING SIZE 8-5/8"	DEPTH SET 1105'	SACKS CEMENT 725
7-7/8"	5-1/2"	7093'	2050
	2-3/8"	6185'	

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 06/28/81	Date of Test 06/28/81	Producing Method (Flow, pump, gas lift, etc.) pump	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls. 36	Water-Bbls. TSTM	Gas-MCF 130

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

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Agent

(Title)

July 9, 1981

(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19__

BY SUPERVISOR OF DISTRICT
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 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 Form C-104 must be filed for each pool in multiple completion wells.