

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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)

CORRECTED

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Duncan Federal	Well No. 1	Pool Name, including Formation Sandhills, Grayburg, San Andres	Kind of Lease State, Federal or Fee Federal	Lease No. NM19015
Location Unit Letter <u>D</u> : <u>330</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>West</u> Line of Section <u>4</u> Township <u>21S</u> Range <u>38E</u> , NMPM, <u>Lea</u> 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 <u>D</u>	Sec. <u>4</u>	Twp. <u>21S</u>	Rge. <u>38E</u>	Is gas actually connected? <u>No</u>	When <u>As soon as possible</u>

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

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 Rest'y. <input type="checkbox"/>	Diff. Rest'y. <input type="checkbox"/>
Date Spudded <u>05/22/81</u>	Date Compl. Ready to Prod. <u>07/03/81</u>		Total Depth <u>4500'</u>		P.B.T.D. <u>4447'</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>3551.4GR</u>	Name of Producing Formation <u>San Andres GRAYBURG</u>		Top Oil/Gas Pay <u>4321'</u>		Tubing Depth <u>4258'</u>			
Perforations <u>4321', 4324', 4328', 4332', & 4335'</u>					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	480'	325
7-7/8"	5-1/2"	4499'	925
	2-3/8"	4258'	

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 <u>07/03/81</u>	Date of Test <u>07/03/81</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Swabbing</u>	
Length of Test <u>8 hrs.</u>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bble. <u>24 hrs. - 28.6</u> <u>9.54</u>	Water-Bble. <u>24 hrs. - -0-</u> <u>-0-</u>	Gas-MCF <u>24 hrs. - 83.5</u> <u>27.8</u>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bble. 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.

Judy Induskey
(Signature)

Agent
(Title)

July 7, 1981
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19____

BY Jerry Soto

TITLE Dpt. 1 Supv.

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely applicable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes in well name or number, or transporter, or other such change in data.
Separate forms C-104 must be filed for each pool in