

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

Euratex Corporation

Address

1907 Texas American Bank Bldg., Fort Worth, Texas 76102

Reason(s) for filing (Check proper box)

New Well

☐

Change in Transporter of:

Oil

☐

Dry Gas

☐

Recompletion

☐

Casinghead Gas

☐

Condensate

☐

Change in Ownership

☒

Other (Please explain)

Change of operator effective

October 1, 1985

If change of ownership give name
and address of previous owner

Martindale Petroleum Corp., P. O. Box 2403, Hobbs, N.M. 88240

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Closson "B"	12	Jalmat-Yates Seven Rivers	State, Federal or Fee Federal	4C-030/32
Location				
Unit Letter	M	660 Feet From The	South Line and	660 Feet From The
Line of Section	30	T. wnship	22S	Range
			36E	, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	<input checked="" type="checkbox"/> or Condensate	Address (Give address to which approved copy of this form is to be sent)
Texas-New Mexico Pipeline Co.		Box 2528, Hobbs, N.M. 88240
Name of Authorized Transporter of Casinghead Gas	<input checked="" type="checkbox"/> or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
Texaco Producing Inc.		Box 3000, Tulsa, Okla. 74102
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	L	30
		22S
		36E
		Is gas actually connected?
		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'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, GK, 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 (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.

Jeremiah R. Trythall
(Signature)

Jeremiah R. Trythall - Chief Engineer
(Title)

September 4, 1985
(Date)

OIL CONSERVATION DIVISION

SEP 27 1985

APPROVED

BY

ORIGINAL SIGNED BY JERRY TEXTON
DISTRICT ENGINEER

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 allowables 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 filled for each pool in multiple.

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O.C.D. OFFICE
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