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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 **Box 1955, Hobbs, NM 88240**

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change In Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change In Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)
**CASINGHEAD GAS MUST NOT BE
FLOWED AT EX 41128
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED.**

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Deck Federal	Well No. 2	Pool Name, including Formation Drinkard	Kind of Lease State, Federal or Fee Federal	Lease No. LC034348
Location Unit Letter C ; 260' Feet From The North Line and 1980 Feet From The West Line of Section 18 Township 22S Range 37E , NMEM, 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"/> 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 1650, Tulsa, OK 74102			
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 18E	Twp. 22S	Rge. 37E
	Is gas actually connected?		When 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	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 12/26/77	Date Compl. Ready to Prod. 1/31/78		Total Depth 6761'		P.B.T.D. 6717'			
Elevations (DE, RAB, RT, GR, etc.) 3423.7 GR	Name of Producing Formation Drinkard		Top Oil/Gas Pay 6422		Tubing Depth			
Perforations 2 shots/ft - 0.40" 6466-68, 6492-94, 6530-32, 6557-59, 6574-76				Depth Casing Shoe				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 11 7/8" 7 7/8"	CASING & TUBING SIZE 8 5/8" K-55 24# n & used 5 1/2" K-55 17820# new		DEPTH SET 1092' 6761'		SACKS CEMENT 500 ax. Cinc 70 ax 500 gals mud flush, 400ax 180 ax, Cinc 100 ax Stage #2-425 ax, 300 ax, Cinc 75 ax			

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)

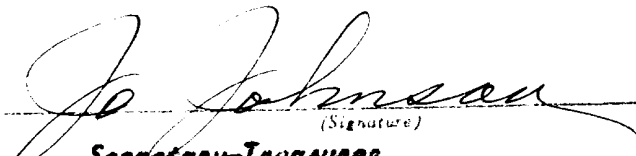
Date First New Oil Run To Tanks 1/31/78	Date of Test 2/1/78	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24	Tubing Pressure 50-250#	Casing Pressure packer	Choke Size various
Actual Prod. During Test	Oil-Bbls. 98	Water-Bbls. 25 acid & load water	Gas-MCF 21

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MVCF	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 2, 1978
(Date)

OIL CONSERVATION COMMISSION

APPROVED **FEB** _____, 19____
BY **Orig. S. Johnson**
TITLE **SECRET**

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.

WELL NAME AND NUMBER Leck Federal #2
LOCATION Sec. 18, T-22-S, R-37-E
(New Mexico give U,S,T & R; Texas give S,Blk.,Sur.& Twp.when required)
OPERATOR Martindale Petroleum Corp.
DRILLING CONTRACTOR CAPITAN DRILLING COMPANY, INC.

The undersigned hereby certifies that he is an authorized representative of the drilling contractor who drilled the above-described well and that he has conducted deviation tests and obtained the following results:

<u>Degrees @ Depth</u>	<u>Degrees @ Depth</u>	<u>Degrees @ Depth</u>	<u>Degrees @ Depth</u>
<u>1/4 475</u>	<u> </u>	<u> </u>	<u> </u>
<u>1/4 1093</u>	<u> </u>	<u> </u>	<u> </u>
<u>1/2 1520</u>	<u> </u>	<u> </u>	<u> </u>
<u>1 2095</u>	<u> </u>	<u> </u>	<u> </u>
<u>2 1/2 2700</u>	<u> </u>	<u> </u>	<u> </u>
<u>2 707</u>	<u> </u>	<u> </u>	<u> </u>
<u>3/4 1120</u>	<u> </u>	<u> </u>	<u> </u>
<u>1/4 1682</u>	<u> </u>	<u> </u>	<u> </u>
<u>1/4 1819</u>	<u> </u>	<u> </u>	<u> </u>
<u>1/2 4877</u>	<u> </u>	<u> </u>	<u> </u>
<u>3/4 5130</u>	<u> </u>	<u> </u>	<u> </u>
<u>1/2 5500</u>	<u> </u>	<u> </u>	<u> </u>
<u>1/2 6000</u>	<u> </u>	<u> </u>	<u> </u>
<u>1/2 6724</u>	<u> </u>	<u> </u>	<u> </u>

Drilling Contractor CAPITAN DRILLING COMPANY, INC.

By [Signature]
W. W. Rees, Jr.
Vice President

Subscribed and sworn to before me this 27 day of January, 19 78

My Commission Expires:

[Signature]
Brenda Stone Notary Public
Ector County, Texas

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FEB 21 1978

OIL CONSERVATION BOARD
HOBBBS, N. M.