

REQUEST FOR ALLOWABLE  
AND

## AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

Operator

MARTINDALE PETROLEUM CORPORATION

Address

Box 1955, Hobbs, NM 88240

Reason(s) for filing (Check proper box)

New Well ☐Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

Change in operator

Effective March 1, 1979

If change of ownership give name  
and address of previous owner

Dallas McCasland, Box 206, Eunice, NM 88231

## II. DESCRIPTION OF WELL AND LEASE

Lease Name Closson B	Well No. 21	Pool Name, Including Formation Jalmat Yates Seven Rivers	Kind of Lease State, Federal or Fee Federal	Lease No. LC-030132
Location Unit Letter <u>K</u> ; <u>1650</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>30</u> Township <u>22S</u> Range <u>36E</u> , NMPM, <u>Lea</u> 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"/> <del>Cities Service Company</del> Texas-New Mexico Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) Tulsa, OK <del>Box 1510, Midland, TX 79704</del>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Ashland Exploration, Inc.	Address (Give address to which approved copy of this form is to be sent) Box 1503, Houston, TX 77001					
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 30	Twp. 22S	Pge. 36E	Is gas actually connected? yes	When

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, GR, 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 (pitot, 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)Agent  
(Title)March 15, 1979  
(Date)

## OIL CONSERVATION COMMISSION

APPROVED

MAR 30 1979

, 19

BY

Orig. Signed by  
John E. Davis  
Chairman

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 Forms C-104 must be filed for each pool in multi-pool completed wells.

RECEIVED

1900

11