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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:		Other	<input checked="" type="checkbox"/>
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Dry Gas	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	Condensate	<input type="checkbox"/>

Other **CASINGHEAD GAS MUST NOT BE PLACED UNDER 2/9/78 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.**

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

THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Little "V"	1	Undesignated	State, Federal or Fee	Fee
Location				
Unit Letter	N	330	Feet From The	South
			Line and	1700
			Feet From The	West
Line of Section	7	Township	22S	Range
			37E	, NMPM,
				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"/>	Address (Give address to which approved copy of this form is to be sent)					
Navajo Crude Oil Purchasing	Box 175, Artesia, NM 88210					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Getty Oil Company	Box 3000, Tulsa, OK 74102					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	N	7	22S	37E	no	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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
4/5/78	5/9/78		6750		6699'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
3435.9 GL	Drinkard		6833'					
Perforations					Depth Casing Shoe			
6471-73, 6484-86, 6551-53, 6586-88, 6603-07								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/2"	8 5/8" 24# K-55 new		1145'		275sx+300sx Circ100 sx			
9 7 7/8"	5 1/2" 17# K-55 new		6752'		1350sx+400sx, Circ3000 sx			
	2 3/8" 4.7#K-55 cbg							

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.)	
5/9/78	5/9/78	flowing	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24			32/64
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	96	TSTM	150

GAS WELL	
Actual Prod. Test-MCF/D	Length of Test
Testing Method (prior, 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.

Jo Johnson
(Signature)
Secretary-Treasurer
(Title)
May 10, 1978
(Date)

OIL CONSERVATION COMMISSION 1070

APPROVED _____, 19____

BY **Supervisor**
TITLE **SUPERVISOR DISTRICT I**

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 completed wells.