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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 ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)
**CASINGHEAD GAS MUST NOT BE
PIPED AFTER 3/26/79
UNLESS AN EXCEPTION TO RULE 1104
IS OBTAINED.**

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Little "V"	Well No. 2	Pool Name, including Formation Drinkard	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter M ; 330 Feet From The South Line and 480 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"/> 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) P. O. Box 3000, Attn. Don M. Farley, Gasoline Plant Accounting Dept. Tulsa, OK 74102			
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 7	Twp. 22S	Rge. 37E
				Is gas actually connected? no 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 <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
Date Spudded 11/28/78	Date Compl. Ready to Prod. 1/26/79		Total Depth 6762'		P.B.T.D. 6706'			
Elevations (DF, RKB, RT, GR, etc.) 3436.1 GL	Name of Producing Formation Drinkard		Top Oil/Gas Pay 6418'		Tubing Depth			
Perforations 2 shots per foot, 28 holes. 6633, 6645 6462, 6471, 6477, 6494, 6506, 6534, 6534, 6570, 6592, 6601, 6621, 6625.					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8" 24# K-55 new		1108'		275 sk Hall lite + 5# sk salt + 4# sk flocle + 300 sk "C" w/ 2% CaCl. Circ			
7 7/8"	5 1/2" 17# LT&C K-55 new		6762'		110 sk Hall lite + 8# sk salt and 450 sk "C" w/ .5% CFC-2, 10# sk sand + 8# sk salt. Circ 50 sk			

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)

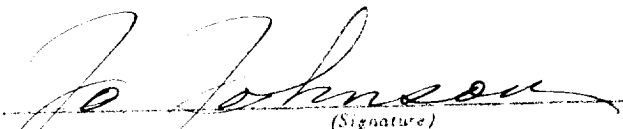
Date First New Oil Run To Tanks 1/26/79	Date of Test 1/26/79	Producing Method (Flow, pump, gas lift, etc.) pump	
Length of Test 24 hrs	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 46	Oil-Bbls. 46	Water-Bbls.	Gas-MCF 93

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

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)

January 19, 1979

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19

BY 

TITLE **SUPERVISOR DISTRICT**

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.