

OIL CONSERVATION DIVISION

P. O. BOX 2008

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	OIL
	NAT
OPERATOR	
PRODUCTION OFFICE	

Operator
MARTINDALE PETROLEUM CORPORATIONAddress
P. O. BOX 2403, 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"/>

Casinghead Gas MUST NOT BE
FLARED AFTER 11/12/84
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED.If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name State SN	Well No. 1	Pool Name, including Formation Jalmat Yates Seven Rivers	Kind of Lease State, Federal or Fee State	Lease No. A-983
Location Unit Letter 0 : 660 Feet From The South Line and 1980 Feet From The East Line of Section 17 Township 23S Range 36E, NMPM, Lea County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Sun Refining & Marketing Company	Address (Give address to which approved copy of this form is to be sent) Box 3187, Longview, TX 75606						
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) Domestic Oil and Gas Accounting Sect. 10 WW, Frank Phillips Bldg., Bartlesville, OK						
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 17	Twp. 23S	Rge. 36E	Is gas actually connected? No	When 30-60 days	74004

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Resv. <input type="checkbox"/>	Drill. Resv. <input type="checkbox"/>
Date Spudded 06/30/84	Date Compl. Ready to Prod. 09/17/84		Total Depth 3968'		P.B.T.D. Retainer @ 3701' 3938'			
Elevations (DF, RKB, RT, GR, etc.) 3448.3' GR	Name of Producing Formation Yates		Top Oil/Gas Pay 3583'		Tubing Depth 3641'			
Perforations 3583', 3585', 3587', 3590', 3593' & 3597'					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	438'	275
7 7/8"	5 1/2"	3968'	1090
	2 3/8"	3641'	

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 09/17/84	Date of Test 09/17/84	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls. 3	Water-Bbls. -0-	Gas-MCF 23

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.

Drilling & Production Clerk

September 17, 1984

OIL CONSERVATION DIVISION

SEP 25 1984

APPROVED _____, 19

BY _____
ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT SUPERVISOR

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.

Form No. O-104 must be filed for each well in accordance with RULE 1104.

RECEIVED

SEP 21 1984

HOUSE OFFICE