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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

30711K
4-17
RECEIVED
MAR 07 1984
OIL CON. DIV.
DIST. 3

W.B. Martin & Associates, Inc.

Address
2110 N Sullivan, Farmington, NM 87401

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	2000 Test Allowable
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	
		Dry Gas	
		Condensate	

change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Martin-Whittaker	#15	S. Lindrith Gallup/Dakota <i>Ext</i>	State, Federal or Fee Federal	#362
Location	Unit Letter	Feet From The	Line and	Feet From The
	C	730'	North	1800'
			Line and	West
	Line of Section	Township	Range	County
	8	23N	4W	NMPM, Rio Arriba

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)				
Giant Refining Company	P.O. Box 256, Farmington, NM 87499				
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)				
El Paso Natural Gas Company	P.O. Box 1492, El Paso, TX 79978				
Does well produce oil or liquids, give location of tanks.	Unit	Sec.	Range	Is gas actually connected?	When
	C	8	23N	4W	Waiting on Hookup

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
11/22/83	01/26/84	7027'	7027'					
Formations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
5951 GR	Gallup	5743'	6600'					
Formations			Depth Casing Shoe					
5743-5988	6127-6315	6394-6555	7026'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/2"	9 5/8 Casing	244' 231'	200 (236' 13) C15B 27% CaCl
8 3/4"	7" 23# Casing	5194' "2 Stage"	325 (520' 13) 10/1 THIN TOP
6 3/4"	4 1/2 11.6# Casing <i>Lines</i>	5062-7027'	350 (400' 13) 10/1 THIN TOP
4 1/2"	2 3/8 Tubing	6600'	150 (171' 13) Black Gold

TEST DATA AND REQUEST FOR ALLOWABLE 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, or lift, etc.)	
02/21/84	02/29/84	Pumping	
Depth of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.	55#	110#	None
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
102	102	None	25-35 MCF

TEST WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Producing 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 is true and complete to the best of my knowledge and belief.

David Green
(Signature)

Production Foreman
(Title)

02/29/84
(Date)

OIL CONSERVATION DIVISION

MAR 07 1984

APPROVED _____, 18

BY Original Signed by FRANK T. CHAVEZ

TITLE SUPERVISOR DISTRICT # 3

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 post in multiple