

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DATE		
TIME		
U.S.		
AND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
FORMATION OFFICE		
EDITOR		

W.B. Martz and Associates
709 N. Butler Farmington N.M. 87401
Person(s) for filing (Check proper box)
☒ Well
☐ Completion
☐ Change in Ownership
Change in Transporter of:
Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐
Other (Please explain): *First Delivery of Natural Gas*
Range of ownership give name
address of previous owner _____

DESCRIPTION OF WELL AND LEASE
Well Name: *Martin Whitaker* Well No.: *15* Pool Name, including Formation: *Sandwich Valley Dakota cont.*
Kind of lease: *GRILLA* Lease No.: *362*
State, Federal, or Foreign: *NEW MEXICO*
Well Letter: *C* : *730'* Feet From The *North* Line and *1800* Feet From The *West* Line of Section *E* Township *23N* Range *4W* N.M.P.M. *Rio Arriba* County _____

SIGNATURE OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Ciant Refining Co. Address (Give address to which approved copy of this form is to be sent):
P.O. Box 256 Farmington NM 87499
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
El Paso Natural Gas Co. Address (Give address to which approved copy of this form is to be sent):
P.O. Box 1492 El Paso Texas 79978
Does it produce oil or liquids, location of tanks. Unit *C* Sec. *E* Twp. *23N* Rge. *4W* Is gas actually connected? *Yes* Date *Oct 30, 1984*

PRODUCTION DATA
Designate Type of Completion - (X)
☒ Spudded ☐ Date Compl. Ready to Prod. ☐ Total Depth ☐ H.B.T.D.
☐ (D.F., R.K.B., R.T., G.R., etc.) Name of Producing Formation ☐ Top Gas/Gas Pay ☐ Tubing Depth
☐ Depth Casing Shoe

TUBING, CASING AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

DATA AND REQUEST FOR ALLOWABLE WELL
(Test must be after recovery of local volume of load oil and must be equal to or exceed .05 oil/water ratio for this depth or be for full 24 hours)
Test Name Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)
Type of Test Tubing Pressure Casing Pressure Choke Size
Prod. During Test Oil - Bbls. Water - Bbls. Gas - MCF
Test - MCF/D Length of Test Bbls. Condensate/MCF Gravity of Condensate
Method (pilot, back pr.) Tubing Pressure (Start-In) Casing Pressure (Start-In) Choke Size

STATEMENT OF COMPLIANCE
I 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.
W.B. Martz (Signature)
Operator (Title)
Nov. 14, 1984 (Date)
OIL CONSERVATION DIVISION
APPROVED *NOV 20 1984*
BY *Frank J. [Signature]*
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 1111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections 1, 2, 3, 4, and 5 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 production monthly completed wells.