

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

Operator
W. B. Martin & Associates, Inc.Address
2110 N. Sullivan, Farmington, N.M. 87401

Reason(s) for filing (Check proper box)

New Well ☒
Recompletion ☐
Change in Ownership ☐

Change in Transporter of:

Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

RECEIVED

JAN 30 1984

OIL CON. DIV.

DIST. 3

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Martin-Whittaker	Well No. 17	Pool Name, Including Formation S. Lindrith Gallup/Dakota	Kind of Lease State, Federal or Fee Fed	Lease No. #362
Location Unit Letter III I ; 1870' Feet From The South Line and 680' Feet From The East Line of Section 8 Township 23N Range 4W, NMPM, Rio Arriba County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Giant Refining Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 256, Farmington, N.M. 87401			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492, El Paso, Texas 79978			
If well produces oil or liquids, give location of tanks.	Unit BE	Sec. 8	Comp. 23N	Rge. 4W
	Is gas actually connected?		When	
	No		Waiting on Contract	

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 12/09/83	Date Compl. Ready to Prod. 1/27/84		Total Depth 5822' K.B.		P.B.T.D. 5822' K.B.			
Elevations (DF, RKB, RT, GR, etc.) 7001' GR	Name of Producing Formation Gallup		Top Oil/Gas Pay 5774'-84' K.B.		Tubing Depth 5755' K.B.			
Perforations Open Hole Completion @ 5774'-84' 4950' - 5822'					Depth Casing Shoe 5712' K.B.			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	9 5/8" Casing	257'	175 sacks
8 3/4	7" 23# Casing	4950'	475 sacks
6 1/4	4 1/2" 11.6# Casing	4784' - 5712'	No Cement
4 1/2	2 3/8" Tubing	5755'	

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 1/23/84	Date of Test 1/23/84	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure 20#	Casing Pressure 20#	Choke Size 3/4
Actual Prod. During Test	Oil - Bbls. 122 bbls	Water - Bbls. Trace	Gas - MCF Trace

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.



David Green

Production Foreman

(Title)

January 23, 1984

(Date)

OIL CONSERVATION DIVISION

APPROVED 257-84 FEB 27 1984, 19

Original Signed by FRANK T. CHAVEZ

BY

SUPERVISOR DISTRICT # 3

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 C-104 must be filed for each pool in multiple.