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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 GASW B Martin & Associates, Inc.
Address
3110 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
JUN 15 1984change of ownership give name
and address of previous ownerOIL CON. DIV.
DIST. 3

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.				
Martin-Whittaker	26	L. Yudrite Gallup-Tocito Ext	State, Federal or Fee Federal	#362				
Location	Unit Letter	F	1650'	Feet From The North Line and 1190'	Feet From The West Line			
Line of Section	6	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"/>	Address (Give address to which approved copy of this form is to be sent)
Plant Refining Co.	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"/>	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, Texas 79978
Well produces oil or liquids, or location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
F 6 23N 4W	Waiting on Hookup

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 Resrv. <input type="checkbox"/> Diff. Res. <input type="checkbox"/>		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
01/26/84	6/2/84	6895' KB	6894' KB
Stratifications (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
6855'	Gallup-Tocito	5670' KB	6508' KB
Stratifications	6370' - 5898' = .41 = 69 Holes 6336' - 6447' = .41 = 104 Holes	Depth Casing Shoe	6814' KB

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
1" Surface	9 5/8" - 32#	270'	181.64# Class B 2 1/2" Casing
4" Intermediate	7" - 23#	4834'	15 1/2" Stage 1 Casing, 2nd Stage 350#
4" Liner	4 1/2" - 11.6#	Top - 4747' - Bottom - 6894'	340.15#
	2 3/8" - 4.70 Tubing	6508' KB	N/A

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)

First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
6-2-84	6-11-84	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 HRS	50#	50#	3/4"
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
6.74 BBLS	17.33 BLS	1 BBL	49 MCF

5 WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
N/A	N/A	N/A	N/A
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Choke Size
N/A	N/A	N/A	N/A

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.

OIL CONSERVATION DIVISION
6-28-84 JUN 28 1984
APPROVED

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 deviated 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 pool in multiple completed wells.