

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS30413/10  
Dec-84

NO. OF COPIES RECEIVED	
DISTRIBUTION	
DATE	
NO. OF OFFICE	
TRANSPORTER	OIL
	GAS
LOCATION	
ORATION OFFICE	

W. B. Martin &amp; Associates, Inc.

509 North Butler, Farmington, NM 87401

Reason(s) for filing (Check proper box)

Well ☒  
Completion ☐  
Change in Ownership ☐

Change in Transporter of:

Oil ☐ Dry Gas ☐  
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

**RECEIVED**  
AUG 22 1984  
OIL CON. DIV.  
DIST. 3Change of ownership give name  
address of previous owner

## DESCRIPTION OF WELL AND LEASE

Well Name Martin-Whittaker	Well No. 21	Pool Name, Including Formation J. LINDORF Gallup-Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. #362
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Location  
Unit Letter I : 1650' Feet From The South Line and 990' Feet From The East  
Line of Section 7 Township 23N Range 4W , NMPM, Rio Arriba County

## SIGNATURE OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Plant Refining Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 256, Farmington, NM 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 79979
Well produces oil or liquids, Location of tanks.	Unit <u>I</u> Sec. <u>7</u> Twp. <u>23N</u> Rge. <u>4W</u>
Is gas actually connected?	When Waiting on Contract

If 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 Res'tv. <input type="checkbox"/> Diff. Res'tv. <input type="checkbox"/>
Spudded 8/8/84	Date Compl. Ready to Prod. 8/21/84
Productions (DF, RAB, RT, GR, etc.) 890' GR	Name of Producing Formation Tocito-Semilla-Gallup
Productions	Top Oil/Gas Pay 5342'
	Depth Casing Shoe 6509' KB
5342-53', 5428-77', 5505-19', 5707-40', 5786-5807', 5901'-16', 5982-85', 6366'-70' 6434-91'	

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
2 1/2"	9 5/8" 36# I-55	* 269.40'	* 175sxs 1206.50ft Class B 23CaCl2
3 3/4"	7" 23# I-55	* 4780'	* 250sxs 1400ft 310-RFC (150sxs 282ft)
4"	4 1/2" 11.6# K-55	4606'-6509'-150sxs 240ft 310-1RFC	65/35 poz tail 50sxs 75ft 3 self
	2 3/8" Tubing	6365'	stress

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)

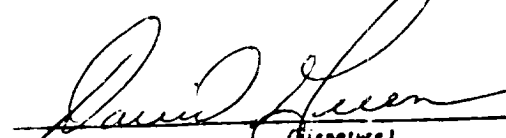
First New Oil Run To Tanks 8/21/84	Date of Test 8/21/84	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Time of Test 24hrs	Tubing Pressure 48#	Casing Pressure 48#	Choke Size 3/4"
Oil Prod. During Test 0 bbls	Oil - Bbls. 8 bbls	Water - Bbls. 2 bbls	Gas - MCF 58

## WELL

Oil Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Log 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.

  
Operator Representative  
(Title)  
8/21/84  
(Date)

OIL CONSERVATION DIVISION  
AUG 22 1984

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY Original Signed by FRANK T. CHAVEZ  
TITLE SUPERVISOR DISTRICT # 3

This form is to be filed in compliance with RULE 110a.

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 filled for each pool in multiply zoned wells.