

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Great Western Resources Inc.	
Address 1111 Bagby St., Suite 1700, Houston, Texas 77007	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate Place well on Beam Pump

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Martin-Whittaker	Well No. 21	Pool Name, including Formation Lindrith-Gallup-Dakota, South	Kind of Lease Jicarilla State, Federal or Fee Federal	Lease No. 362
Location Unit Letter <u>I</u> : <u>1650</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>East</u> Line of Section <u>7</u> Township <u>23N</u> Range <u>4W</u> , NMPM, <u>Rio Arriba</u> County				

III. 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	Address (Give address to which approved copy of this form is to be sent) P.O. Box 9156, Phoenix, Arizona 85068	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Northwest Pipeline	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 I	Sec. 7
	Twp. 23N	Rge. 4W
	Is gas actually connected? Yes	
	When 10-30-84	

If this production is commingled with that from any other lease or pool, give commingling order number: _____

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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.

Mike P. [Signature]
(Signature)
Engineering Manager
(Title)
Oct 10, 1988
(Date)

OIL CONSERVATION DIVISION 1988

APPROVED _____, 19____
BY Original Signed by FRANK T. CHAVEZ
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.
Separate Forms C-104 must be filed for each pool in multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well X	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v. X	Diff. Res'v.
Date Spudded 1-8-84	Date Compl. Ready to Prod. 8-21-84		Total Depth 6510 ft.		P.B.T.D. 6509 ft.				
Elevations (DF, RKB, RT, GR, etc.) 6890 Gr.	Name of Producing Formation Gallup-Semilla		Top Oil/Gas Pay 5641 ft.		Tubing Depth 6041 ft.				
Perforations 5342-53, 5428-77, 5505-19, 5786-5807, 5901-16, 5982-85, 6366-70, /		6434-91		Depth Casing Shoe 6509 ft.					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12-1/4"	9-5/8", 36#, J-55		269.40		175 sx Class B				
8-3/4"	7", 23#, J-55		4780		250 sx REC				
6-1/4"	4-1/2", 11.6#, K-55		4606-6509 ft.		150 sx 65/35 POZ + 50 sx				
	2-3/8"		6000 ft.		self-stress				

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 2-13-84	Date of Test 10-6-88	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure 40	Casing Pressure 40	Choke Size N/A
Actual Prod. During Test 11.69	Oil - Bbls. 11.69	Water - Bbls. 0	Gas - MCF 10

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