## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

DISTRIBUTION			I
BANTA FE			
FILE		$\prod$	
U.B.U.B.			
LAND OFFICE			
TRANSPORTER	DIL		
	DAB		
OPERATOR			
PADRATION OFFICE			

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

## REQUEST FOR ALLOWABLE

TRANSPORTER DAS		AND			
OPERATOR	AUTHORIZATION TO TRAN	ISPORT OIL AND NATURAL GA	S		
Operation OFFICE		•			
GREAT WESTERN R	ESOURCES INC.				
Address					
9800 Centre Par	kway, Suite 900, Houston,	Texas 77036	·		
Reason(s) for liling (Check prope	r box)	Other (Please explain)			
New Well	Change in Transporter of:		CHANGE OF OPERATOR		
Recompletion	OII Dry (	Gos From W.B. Martin & Associates, Inc.			
Change in Ownership X	Casinghead Gas Cond	lensate	<u>, , , , , , , , , , , , , , , , , , , </u>		
If change of ownership give na	<b>***</b>	709 North			
and address of previous owner	w. p. Martin & Assuct	ates, Inc. Farmington	, NM 87401		
DESCRIPTION OF WELL A	ND LEASE.   Well No.   Pool Name, Including	Formation   Kind of I	-ease Jicarilla Apache Lease N		
Martin-Whittaker	1 1	allup-Dakota Ext Sigle, Fe	oderal or Fee (Federal) 362		
Location			(rederar)		
	17/5 North	. 1100	West		
Unit Letter F :	1745 Feet From The North L	ine and 1190 reet r	rom the WCSC		
Line of Section 7	Township 23N Range	4W , NMPM, F	Rio Arriba Count		
Zine or section.	2,511				
DESIGNATION OF TRANSP	ORTER OF OIL AND NATURAL G	A5			
Name of Authorized Transporter o	Oil X or Condensate	Address (Give address to which approved copy of this form is to be sent)			
Giant Refining Compa		P. O. Box 256, Farmington, NM 87499			
Name of Authorized Transporter o		Address (Give address to which approved copy of this form is to be ser			
El Paso Natural Gas		P. O. Box 1492, El Paso, TX 79978			
If well produces oil or liquids,	Unit Sec. Twp. Rgs.	is gas actually connected?	When		
give location of tanks.	F 7 23N 4W	Yes	10/30/84		
If this production is commingled	i with that from any other lease or pool,	, give commingling order number:	<u> </u>		
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Dill. Res		
Designate Type of Compl		New Well Wolksver Deepen	,, 2552   X		
L	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
Date Spudded 2/22/84	9/20/84	6570'KB	6568'KB		
Elevations (DF, RKB, RT, GR, etc		Top Oil/Gas Pay	Tubing Depth		
6854' GR	Gallup-Dakota	5695' KB	6375'KB		
Perforations	•		Depth Casing Shoe		
5695-5835 КВ, 6348-6	426 KB		6568'KB		
<del></del>	TUBING, CASING, AN	D CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
121"	9-5/8" 32# casing	269	207'3 Cl B 2%CaCl <sub>2</sub>		
8-3/4"	7" 23# casing	4802 <b>'</b> KB	789.7'3 C1 B A-10		
61."	4½" 11.6#	4673-6568'KB	226' <sup>3</sup> 10-1 Thix.		
	2-3/8" 4.7# tubing	6375 KB			
TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	fter recovery of total volume of load	oil and must be equal to or exceed top allo		
OIL WELL	able for this de	epth or be for full 24 hours)  Producing Method (Flow, pump, gai	·		
Date First New Oll Run To Tanks	Date of Test	Producing Method (Flow, pump, gar	s tijt, etc.)		
			Choke Size		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
		Water - Bbls.	Gae • MCF		
Actual Prod. During Test	Oil-Bble.	100			
		J.,	<u> </u>		
		<u>.                                    </u>			
GAS WELL Actual Prod. Teet-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
Actual Floor Tourement		But Constant Constant			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
		i i			
CERTIFICATE OF COMPLIA	NCF	OIL CONSERV	ATION DIVISION		
LEKTIFICATE OF COMPER	INCE		<b>A</b> * * *		
I hereby certify that the rules and regulations of the Oil Conservation Division have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.		APPROVED			
		BY			
		TITLE	SUPERVISOR DISTRICT 4 5		
74/14			n compliance with RULE 1104.		
Jany anes		If this is a request for allowable for a newly drilled or despense well, this form must be accompanied by a tabulation of the deviation			
Kathy Carten (Signature)		tests taken on the well in accordance with MULE 111.			
Engineering Assistant		All sections of this form t	must be filled out completely for allow		
(Title)		able on new and recompleted	able 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.

(Date)

7/24/86