

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator <b>GREAT WESTERN ONSHORE INC.</b>		Well API No. <b>30039233730051</b>
Address <b>1111 Bagby Street, Suite 1700, Houston, Texas 77002</b>		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	<b>CHANGE OF NAME ONLY</b>
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator <b>GREAT WESTERN RESOURCES INC.</b>		

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Martin-Whittaker</b>	Well No. <b>22</b>	Pool Name, including Formation <b>S. Lindrith-Gallup</b>	Ext. <b>Dak.</b>	Kind of Lease <i>Fed.</i> State, Federal or Fee	Lease No. <b>JIC 362</b>
Location Unit Letter <b>K</b> : <b>1650</b> Feet From The <b>S</b> Line and <b>1190</b> Feet From The <b>W</b> Line Section <b>7</b> Township <b>23 N</b> Range <b>4 W</b> , NMPM, Rio Arriba 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"/>	Address (Give address to which approved copy of this form is to be sent) <b>Gary Energy Corporation</b> <b>P.O. Box 159, Bloomfield, NM 87413</b>				
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) <b>El Paso Natural Gas Co.</b> <b>P.O. Box 1492, El Paso, TX 79978</b>				
If well produces oil or liquids, give location of tanks.	Unit <b>K</b>	Sec. <b>7</b>	Twp. <b>23 N</b>	Rge. <b>4 W</b>	Is gas actually connected? <b>Yes</b> When? <b>10/30/84</b>

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. 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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

RECEIVED  
JAN 22 1990

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravimetric (for lease)
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

OIL CON. DIV.  
DIST. 3

VI. OPERATOR 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.

Eryd Hines  
Signature  
**CYD HINES** Engineering Asst.  
Printed Name  
**11/18/89** (713) 739-8400  
Date  
Telephone No.

OIL CONSERVATION DIVISION

JAN 22 1990

Date Approved  
By Brian D. Cherry  
SUPERVISOR DISTRICT #3  
Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.