Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aziec, NM 87410

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

<u>I</u>		OTRA	NSPC	DRIOIL	AND NAT	UHAL GA	Nell V	Pl Na.			
Operator Great Western Res				0039234320051							
Address 1111 Bagby Stree	t, Hous	ston, I	ľexas	77002							
Reason(s) for Filing (Check proper box) New Weil Recompletion		Change in		rter of:	Other	t (Please explai	in)				
Change in Operator	Catagnesi	<u></u>	Conces								
and address of previous operator											
II. DESCRIPTION OF WELL A	IND LEA	Well No.	Pool N	me, laciudi	ng Formation	000		Lease Fe		ase No.	
Martin-Whittaker		3/	S. X.	ndrith	Lallup	- Kakota	Exti Sime, 1	Federal or Fe	JH 39	8	
Location A	. 700	0	East En	- The M	erth Lies	and 90	0 _{Fe}	at From The	Eash	Line	
Unit Letter		/					io ar			County	
Section /6 Township	2.3N		Range	4W	, NA	IPM, X	co w	wa		County	
II. DESIGNATION OF TRANSPORTER OF OIL AND NATURA						RAL GAS Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Oil	of Authorized Transporter of Oil XX or Condensate ary Williams Energy Corporation					P.O. Box 159, Bloomfield, New Mexico 87413					
me of Authorized Transporter of Casinghead Gas 💢 or Dry Gas				Address (Give	eddress to wh	ick approved	copy of this !	form is to be se			
El Paso Natural Gas Co	D. Unit	Sec.	Twp.	Rge.	ls gas actually	BOX 1492, El Paso		7			
If well produces oil or liquids, give location of tanks.	Ĥ	76	23N	4W	1 -	es		10/30	184		
If this production is commingled with that f	rom any oth	er lease or	pool, giv	ve comming	ing order might	er:					
IV. COMPLETION DATA		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		l Pandy to			Total Depth		<u> </u>	P.B.T.D.	<u> </u>		
Date Spudded	Date Compi. Ready to Prod.							1	F.B. (1.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations							· · · · · · · · · · · · · · · · · · ·	Depth Casi	ng Shoe		
TUBING, CASING AND						NG RECOR	D		.,		
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
				<u> </u>	 						
								<u> </u>			
V. TEST DATA AND REQUES OIL WELL (Test must be after r	TE FOR A	ALLUW otal volume	ABLE of load	oil and mus	t be equal to o	exceed top all	owable for th	is depth or be	for full 24 ho	urs.)	
Date First New Oil Run To Tank	Date of Te				Producing M	ethod (Flow, p	ump, gas lift,	etc.)			
Length of Test	Tubing Pressure				Casing Press	Me			Choke Size		
Length of Tex	Tooling 1.				94						
Actual Prod. During Test	i. During Test Oil - Bbis.				Water - Bbla		د. ان حدث	Car MCF			
GAS WELL	<u>.L</u>						J.J	Mins >*			
Actual Prod. Test - MCF/D	Length of Test			Bble. Condensate/MMCF				Gravity of Condensate			
Testing Method (pitot, beck pr.)	Tubing Pressure (Shut-in)			Casing Press	nurs (Shell-in)	11. 1		المراجعة المراجعة			
tend has to per, see h.						. <u> </u>					
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					OIL CONSERVATION DIVISION						
is true and complete to the best of my knowledge and belief.					Date Approved SEP 0.5 1989						
End Hores					By.		- 7		1003 /		
Signature CYD HINES	Signature CYD HINES Engineering Assistant						- AA-	} 	8		
Printed Name 8/29/89	(7	13) 73	9-84	00	Title	•	OFERVI	SION DI	STRICT #	3	
Date		To	dephone	No.							

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 accordan 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.