

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	
Operator	

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

FORM C-104
Revised 10-1-78

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

30781N
Sept. 1984

W.B. Martin & Associates, Inc.

Address

709 North Butler, Farmington, NM 87401

Reason(s) for filing (Check proper box)

New Well ☒
Recompletion ☐
Change in Ownership ☐

Change in Transporter of:

Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

AMENDED INFORMATION IN PROGRESS
OCT 2 1984

RECEIVED

OIL CON DIV.
DIST. 3

change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
MARTIN-WHITTAKER	28	S. Lindrith Gallup-Dakota Ext.	State, Federal or Fee <u>Fee</u>	398

Unit Letter C : 800' Feet From The North Line and 1650' Feet From The West

Line of Section 15 Township 23N Range 4W , NMPM, Rio Arriba County

SIGNATURE OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐
Giant Refining Co. Address (Give address to which approved copy of this form is to be sent)
P.O. Box 256, Farmington, NM 87499

Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
El Paso Natural Gas Co. Address (Give address to which approved copy of this form is to be sent)
P.O. Box 1492, El Paso, TX 79978

Well produces oil or liquids, or location of tanks.	Unit	Sec.	Twp.	Range	Is gas actually connected?	When
	C	15	23N	4W	Waiting on Hookup	

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

COMPLETION DATA

Designate Type of Completion - (X)

Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'ty.	Diff. Res'ty.
X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
6/11/84	10/08/84	7285'	(7279')
Locations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
7241' GR	Gallup	5742'	6820
Locations			Depth Casing Shoe
5742'-6778'			(7279)

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/2"	9 5/8"	341'	206.50ft ³
7 7/8"	5 1/2"	(7279')	1369.50ft ³
	(2 3/8" 4.7")	(6820')	

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
10/08/84	10/09/84	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24hrs	50	50	3/4"
Oil Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
40.75	40	1/2bbl	62

WELL

Oil Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Producing Method (prior, 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

10/22/84

(Title)

(Date)

OIL CONSERVATION DIVISION

10-26-84
OCT 26 1984

APPROVED _____, 19 _____

BY Original Signed by FRANK I. CHAVEZ

TITLE SUPERVISOR DISTRICT # 3

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.