NTA FE		
E		
S.G.S.		
ND OFFICE		
ANSPORTER	OIL	
	GAS	
ERATOR		
ORATION OFFICE		

SANTA FE NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

erator
W.B. Mast and Associates

dress
709 North Butler Farmington N.M. 87401

son(s) for filing (Check proper box)

- w Well
- ompletion
- nge in Ownership

Change to Transporter of:
- Oil
- Dry Gas
- Casinghead Gas
- Condensate

Other (Please explain)
First Delivery of Natural Gas

nge of ownership give name
address of previous owner

SCRIPTION OF WELL AND LEASE

ase Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Mast-Whittaker	32	S. Tindutch Gallup Dakota Ext	State, Federal, or Fee JICARILLA	398

cation
Unit Letter C : 690 Feet From The North Line and 1690 Feet From The West

ne of Section 16 Township 23N Range 4W NMPM. Rio Arriba County

IGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

e of Authorized Transporter of Oil [X] or Condensate [ ]
Giant Refining Co.
Address (Give address to which approved copy of this form is to be sent)
P.O Box 256 Farmington N.M. 87499

e of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]
El Paso Natural Gas
Address (Give address to which approved copy of this form is to be sent)
P.O Box 1492 El Paso Texas 79978

produces oil or liquids, cation of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	C	16	23N	4W	Yes	10/30/84

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

PLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.

pudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D

ions (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth

ations
Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

DATA AND REQUEST FOR ALLOWABLE
ELL

(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)

st New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)

of Test	Tubing Pressure	Casing Pressure	Choke Size

Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

RECEIVED
NOV 20 1984
OIL CON. DIV.
DIST. 3

ELL

Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate

Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

TICATE OF COMPLIANCE

I certify that the rules and regulations of the Oil Conservation have been complied with and that the information given is true and complete to the best of my knowledge and belief.

W.B. Mast Jr.
(Signature)
Operator
(Title)
Nov. 14, 1985
(Date)

OIL CONSERVATION DIVISION

APPROVED NOV 20 1984
BY Frank T. 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.