

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

W.B. Martin & Associates, Inc.

709 North Butler, Farmington, NM 87401

Reason(s) for filing (Check proper box)

☒ Well
☐ Completion
☐ Change in Ownership

Change in Transporter of:

☐ Oil
☐ Casinghead Gas
☐ Dry Gas
☐ Condensate

Other (Please explain)

RECEIVED

SEP 10 1984

Range of ownership give name
address of previous ownerOIL CON. DIV.
DIST. 3

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Martin-Whittaker	33	S. Lindrith Gallup-Dakota Ext.	State, Federal or Fee Federal	398

Unit Letter M 760' Feet From The South Line and 790' Feet From The WestLine of Section 16 Township 23N Range 4W NMPM, Rio Arriba County

SIGNATURE OF TRANSPORTER OF OIL AND NATURAL GAS

Signature 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 87409

Signature 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, Texas 79978

Well produces oil or liquids, location of tanks.	Unit M	Sec. 16	Twp. 23N	Rge. 4W	Is gas actually connected?	When
					N/A	Waiting on Contract

If 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't.	Diff. Res't.
	X		X					

Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
9/5/84	9/2/84	6970'KB	6960'KB

Formation (DF, RB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
7024GL	S. Lindrith Gallup-Dakota	5164'KB-6486'KB	6549'KB

Formation	Depth Casing Shoe
5164-6486	6960'KB

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/2"	9 5/8" 36#	283'	224.20ft 10 Class B
8 3/4"	7" 26#	5213'KB	372ft 10 Class B
6 1/8"	4 1/2" 11.60#	6549'KB - 6486'KB	320ft 10 REC 10-1
4 1/2"	2 3/8" 4.70#	6549'KB	N/A

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.)
9/2/84	9/4/84	Pumping

Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24hrs	45#	45#	3/4"

Oil Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
48bbls	47bbls	1bbl	58mcf

WELL

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

Flow Method (pilot, 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.

W. B. Martin
(Signature)

Operator Representative

9/07/84

(Title)

(Date)

OIL CONSERVATION DIVISION

SEP 10 1984

APPROVED _____, 19

BY Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRICT # 3

TITLE _____

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.