DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		
Operator		

P. O BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator: W. B. Martin & Associates

Address: 709 N. Butler, Farmington, NM 87401

Reason(s) for filing (Check proper box)

New Well	☐	Change in Transporter of:			Other (Please explain)
Recompletion	☐	Oil	☒	Dry Gas ☐	
Change in Ownership	☐	Casinghead Gas	☐	Condensate ☐	

If 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	57	~~W. Gallup~~, W.C. Dakota ~~E. Blanco Gallup-Dakota Ext.~~	State, Federal, or Fee ~~Federal~~ Jicarilla	38

Location

Unit Letter C : 970 Feet From The North Line and 1850 Feet From The West

Line of Section 5 Township 23N Range R5W NMPM, Rio Arriba County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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

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

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	C	5	23N	4W	no	

If this production is commingled with that from any other lease or pool, give commingling order number DHC 540

COMPLETION DATA

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

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
9/3/84	10/18/84	6573	6570

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
6587'	Gallup-Dakota	5023 Gallup	5300' K.B.

Perforations	Depth Casing Shoe
5023-~~6510~~ 6302 (Gallup) 6371-6510 (Dakota)	6570

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12¼	9 5/8" 32#/ft	285	206.50 ft³
8 3/4	7" 32#/ft	4419	529.5 ft³
6¼	4½" 11.6#/ft. Liner	4333-6570'	283 ft³
	2 3/8" 4.7#/ft	5300'	

TEST DATA AND REQUEST FOR ALLOWABLE (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.)	
10/18/84	10/19/84	Flowing	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	30#	600#	2"
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
70	30	40	250

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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 above is true and complete to the best of my knowledge and belief.

W. B. Martin Jr.
(Signature)

Operator
(Title)

10/23/84
(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 10 1984

BY Original Signed 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.