

SANTA FE, NEW MEXICO 87501

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G.S.	
NO OFFICE	
REPORTER	OIL
	GAS
ERATOR	
ORATION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

W.B. Martin and Associates

709 N. Butler Farmington, NM 87401

son(s) or filing (Check proper box)

Well	☐
Completion	☐
Change in Ownership	☐

Change to Transporter of:

Oil	☐	Dry Gas	☐
Condensate Gas	☒	Condensate	☐

Other (Please explain):

change of ownership give name
address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Name	Well No.	Poo. Name, including Formation	Kind of Lease	State, Federal or Free
Martin-Whittaker	57	WC Gallup WC DAKOTA		

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

Line of Section 5 Township 23N Range 34W NADP

IGNITION OF TRANSPORTER OF OIL AND NATURAL GAS

Is an Authorized Transporter of Oil ☒ or Condensate ☐				Address (Give address to which approved copy of this form is to be sent) P.O. Box 256 Farmington NM 87401	
Is an Authorized Transporter of Gashead Gas ☒ or Dry Gas ☐				Address (Give address to which approved copy of this form is to be sent) 2444 Louisi, ARA Albuquerque N.M.	
Does produce oil or liquids, oration of tanks.		Unit: 2	Sec: 5	Tps: 230	Rps: 4W
				Is gas actually connected? 110	When: 87110

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

TELEPHONE DATA

Designate Type of Completion -- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Surface Reentry	Other
	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Loss (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Testing Depth			
Remarks						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

AUG 13 1985

DATA AND REQUEST FOR ALLOWABLE
ELL

(Test must be after recovery of total volume of lost oil and must be equal to or exceed that able for this depth or be for full 24 hours)

First New Oil Run To Tank	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

ELL

Prod. Test - MCF/D	Length of Test	Bldg. Condensate/MCF	Gravity of Condensate
Method (pucc, back pr.)	Tubing Pressure (Start-End)	Casing Pressure (Start-End)	Choke Size

CERTIFICATE OF COMPLIANCE

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

W. B. Martin

Signature _____

Operator (Title)

8/13/85 (Date)

OIL CONSERVATION DIVISION

APPROVED

BY *[Signature]*

TITLE SUPERVISOR

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the devian tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for a
able 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 conditions.

Separate Form C-104 must be filled for each pool in m.w.