

## OIL CONSERVATION DIVISION

P. O. BOX 2080

SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-1-78REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator GREAT WESTERN RESOURCES INC.	
Address 9800 Centre Parkway, Suite 900, Houston, Texas 77036	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change In Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Recompletion <input type="checkbox"/>	
Change In Ownership <input checked="" type="checkbox"/>	Other (Please explain) CHANGE OF OPERATOR From W.B. Martin & Associates, Inc.
If change of ownership give name and address of previous owner W. B. Martin & Associates, Inc. 709 North Butler Farmington, NM 87401	

## II. DESCRIPTION OF WELL AND LEASE

Lease Name Martin-Whittaker	Well No. 57	Pool Name, including Formation Wildcat Gallup-Wildcat Dakota	Kind of Lease Jicarilla Apache State, Federal or Fee (Federal)	Lease No. 38
Location Unit Letter <u>C</u> : <u>970</u> Feet From The <u>North</u> Line and <u>1850</u> Feet From The <u>West</u> Line of Section <u>5</u> Township <u>23N</u> Range <u>4W</u> , NMPM, <u>Rio Arriba</u> County				

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Giant Refining Company	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 <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Gas Co. of New Mexico	Address (Give address to which approved copy of this form is to be sent) 2444 Louisiana, Albuquerque, NM 87110	
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 5
	Twp. 23N	Rge. 4W
	Is gas actually connected? Yes	
	When 8/14/85	

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

DHC - 540

## IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input checked="" type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 9/3/84	Date Compl. Ready to Prod. 10/18/84	Total Depth 6573		P.B.T.D. 6570					
Elevations (DF, RKB, RT, GR, etc.) 6587' GR	Name of Producing Formation Gallup-Dakota	Top Oil/Gas Pay 5023		Tubing Depth 5300					
Perforations 5023-6510				Depth Casing Shoe 6570					

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/2"	9-5/8" 32# casing	285	206.5' <sup>3</sup>
8-3/4"	7" 23# casing	4419	529.5' <sup>3</sup>
6 1/2"	4 1/2" 11.6# liner	4333-6570	283' <sup>3</sup>
	2-3/8" tubing	5300	

## V. TEST DATA AND REQUEST FOR ALLOWABLE OIL 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)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

JUL 28 1986

## GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

OIL CON. DIV.  
DIST. 3

## VI. 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.

  
Kathy Carter (Signature)  
Engineering Assistant (Title)

7/24/86

(Date)

## OIL CONSERVATION DIVISION

APPROVED

BY

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.