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

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, Inc

Address
709 North Butler, Farmington, NM 87401

Reason(s) for filing (Check proper box)

New Well	XX	Change in Transporter of:			
Recompletion		Oil	X	Dry Gas	
Change in Ownership		Casinghead Gas		Condensate	

Other (Please explain)

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	58	~~S. Lindrith~~ Gallup/Dakota W.C.	State, Federal or Fee Federal	77

Location
Unit Letter E : 1830' Feet From The North Line and 840' Feet From The West

Line of Section 9 Township 23N Range 5W, NMPM, Rio Arriba County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil XX or Condensate	Address (Give address to which approved copy of this form is to be sent)
Giant Refinging Co.	P.O. Box 256, Farmington, NM 87401
Name of Authorized Transporter of Casinghead Gas X 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, TX 79978

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? When
	E	9	23N	5W	No-Waiting on Hookup

If this production is commingled with that from any other lease or pool, give commingling order number: DHC-539

COMPLETION DATA

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

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
8-22-84	10-18-84	6531'	6530'
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
6614' GR	Gallup-Dakota	4936 Gallup	5320'
Perforations			**Depth Casing Shoe**
4936' ~~6467~~ 6254 (Gallup) 6434-6467 (Dakota)			6530'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12¼"	9 5/8" 32#/ft	251'	206.50ft³
8 3/4"	7" 23#/ft	4431'	484ft³
6¼"	4½" 11.60#/ft Liner	4309-6530'	304.5ft³
	2 3/8	5320	

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)

OIL WELL

Date 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	20	800	2"
Actual Prod. During Test	**Oil - Bbls.**	**Water - Bbls.**	**Gas - MCF**
60bbls	20	40	220

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
(Signature)

Operator
(Title)

10-23-84
(Date)

OIL CONSERVATION DIVISION

APPROVED 12-10-84 DEC 10 1984, 19__

Original Signed by FRANK T. CHAVEZ

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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.