DISTRIBUTION		
NTA FE		
E		
.S.		
ND OFFICE		
ANSPORTER	OIL	
	GAS	
ERATOR		
ORATION OFFICE		

P O BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

ator: W.B. Martin and Associates

ress: 709 N. Butler, Farmington NM 87401

son(s) for filing (Check proper box)

- New Well ☐
- Completion ☐
- Change in Ownership ☐
- Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☑ Condensate ☐
- Other (Please explain)

nge of ownership give name and address of previous owner

CRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Martin Whittaker	5E	Wildcat Gallup/Ws Dakota	State, Federal or Fee Federal	77

Unit Letter E : 1830' Feet From The North Line and 940' Feet From The West

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

GNATION 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): P.O. Box 256, Farmington NM 87401

Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ — Address (Give address to which approved copy of this form is to be sent): 2444 Louisiana Albuquerque N.M. 87110

If well produces oil or liquids, give location of tanks.

Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
E	9	23N	5W	NO	

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

PLETION DATA

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

Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth

Perforations	Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

RECEIVED
AUG 13 1985
OIL CON. DIV.
DIST. 3

DATA AND REQUEST FOR ALLOWABLE ELL

(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

ELL

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

FICATE OF COMPLIANCE

I certify that the rules and regulations of the Oil Conservation 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
(Title)
8/13/85
(Date)

OIL CONSERVATION DIVISION

APPROVED AUG 13 1985

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 operator, 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.