FILE RECEIVED		
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FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Revised 10-1-

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
W.B. Martin and Associates

Address
709 N. Butler Farmington N.M. 87401

Reason(s) for filing (Check proper box)

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

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	50	S. Lindrith Gallup-Dakota	State, Federal or Fee Federal	78

Location
Unit Letter B : 940 Feet From The North Line and 1206 Feet From The East
Line of Section 14 Township 23N Range 5W NMPM, Rio Arriba

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 se
Giant Refining Co. — 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 se
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
	B	14	23N	5W	No	

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

COMPLETION DATA

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

Date 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

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.)
Length of Test	**Tubing Pressure**	**Casing Pressure**
Actual Prod. During Test	**Oil - Bbls.**	**Water - Bbls.**

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DIST. 3

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)
July 1, 1985
(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 1 1985, 19
BY Frank T. Chavez
SUPERVISOR DISTRICT # 3
TITLE

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.