Submit 5 Copies
Appropriate District Office
DISTRICT |
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II
P.O. Drawer DD, Astesia, NM \$8210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aziec, NM \$7410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	T	O TRANS	SPORT OIL	AND NAT	URAL GA		Pl No			
Operator Great Western Re	Great Western Resources Inc.					Well API No. 30043207260051				
Address 1111 Bagby Stree	t, Hous	ton, Tex	kas 77002							
Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator	Oil Casinghead	hange in Tra Dry Gas Co		Othe	r (Please expla	in)				
of change of operator give name										
•	ANDIEA	S F								
II. DESCRIPTION OF WELL AND LEASE Lease Name Martin-Whittaker Well No. Pool Name, lactuding S, dundrith					State, Federal or Fee JH45					
Location	: 186	10 E	et From The Sa	, <i>I</i>	10	24	at From The	West	Line	
Unit Letter	001	<u></u>	$+\omega$			ando	1		County	
Section / 7 Township III. DESIGNATION OF TRANS	<i>V.O.</i>				11.114					
Name of Authorized Transporter of Oil	Address (Give	Adress (Give address to which approved copy of this form is to be sent)								
Gary Westerns Energy Corporation					P.O. Box 159, Bloomfield, New Mexico 87413 Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casing El Paso Natural Gas Co								Texas 79978		
If well produces oil or liquids,	Unit Sec. Twp. Rgs.			is gas actually connected? When I						
give location of tanks.	Ki		3N 1 4W	7	w	L_				
If this production is commingled with that I	from any other	r lease or poo	l, give commingli	ag order numb	er:					
IV. COMPLETION DATA Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		. Ready to Pro	od.	Total Depth	<u> </u>		P.B.T.D.	L _	_ 	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Ges Pay			Tubing Depth			
Perforations					,		Depth Casing Shoe			
	π	JBING, C	ASING AND	CEMENTI	NG RECOR	D	<u> </u>			
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET				SACKS CEMENT		
	}					·	 			
							 			
V. TEST DATA AND REQUES					4 44 411	anna bla fan ste	iardamik an basi	Con full 2d hou		
OIL WELL (Test must be after r	Date of Test		load oil and must	Producing M	exceed top atte	owable jor mi ump. eas lift	uc.)	jor juu 24 noi	43.)	
Date i the few on Rule to the	THE NEW OIL ROLL TO LAME.						}	· · · · · · · · · · · · · · · · · · ·		
Length of Test	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gas- MCF			
GAS WELL	1			<u> </u>						
Actual Prod. Test - MCF/D	Length of Test			Bbis. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	ethod (pitet, back pr.) Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Circle Service			
VI. OPERATOR 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.				OIL CONSERVATION DIVISION Date Approved SEP 0.5 1989						
Eyd Hines				021 03 1303						
CYD HDES Engineering Assistant				SUPERVISION DISTRICT # 3						
Printed Name 8/29/89 Date	(71	3) 739-	8400 Nos No.	Title						
				11						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.