

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

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DIST. 3

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TRANSPORTER	OIL
	GAS
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REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

W. B. Martin and Associates, Inc.

Address 709 N. Butler, Farmington, N.M. 87401

Reason(s) for filing (Check proper box)

New Well Change in Transporter of: Oil Dry Gas Condensate

Recompletion Other (Please explain) 2000 BBL test allowable

Change in Ownership Casinghead Gas

change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Martin-Whittaker	Well No. 52	Pool Name, including Formation S. Lindrith Gallup-Dakota	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. 393
Location Unit Letter <u>0</u> : <u>990</u> Feet From The <u>South</u> Line and <u>1650</u> Feet From The <u>East</u>				
Line of Section <u>21</u> Township <u>23N</u> Range <u>R4W</u> , NMPM, <u>Sandoval</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Giant Refining Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 256, Farmington, N.m. 87499
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492, El Paso, Texas 79978
Well produces oil or liquids, or location of tanks. Unit <u>0</u> Sec. <u>21</u> Twp. <u>23N</u> Rge. <u>R4W</u>	Is gas actually connected? When <u>Waiting on connection</u>

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded <u>7/29/84</u>	Date Compl. Ready to Prod. <u>10/10/84</u>	Total Depth <u>6860</u>	P.B.T.D. <u>6858</u>					
Locations (DF, RKB, RT, GR, etc.) <u>7014'GR</u>	Name of Producing Formation <u>Gallup-Greenhorn</u>	Top Oil/Gas Pay <u>5235</u>	Tubing Depth <u>6654</u>					
Locations <u>5235-5456/ 5546-5995/ 6386-6501/ 6611-16</u>			Depth Casing Shoe <u>6858</u>					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/2	9 5/8" 36#/ft	287	206.50 ft ³
8 3/4	7" 23#/ft	4759	559.2 ft ³
6 1/2	4 1/2" 11.60#/ft	<u>Hold - 6858</u>	264 ft ³
	2 3/8" 4.7#/ft	6654	n/a

TEST DATA AND REQUEST FOR ALLOWABLE 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)

First New Oil Run To Tanks <u>10/10/84</u>	Date of Test <u>10/15/84</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Swabbing</u>	
Depth of Test <u>24</u>	Tubing Pressure <u>50</u>	Casing Pressure <u>50</u>	Choke Size <u>3/4"</u>
Total Prod. During Test <u>90 BBLs</u>	Oil - Bbls. <u>65</u>	Water - Bbls. <u>25 Frac water</u>	Gas - MCF <u>45</u>

WELL

Total Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Producing Method (pilot, 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 is true and complete to the best of my knowledge and belief.

W.B. Martin
(Signature)
Operator
(Title)
10/16/84
(Date)

OIL CONSERVATION DIVISION

OCT 26 1984

10-26-84 APPROVED

BY Original Signed by FRANK T. CHAVEZ
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.