

DISTRIBUTION		
DATE		
FILE		
U.S.G.S.		
AND OFFICE		
TRANSPORTER	OIL	
	NATURAL GAS	
OPERATOR		
REGISTRATION OFFICE		
PERMIT		

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

30831 N
Sept-Dec
1984

W.B. Martin & Associates, Inc.

709 North Butler, Farmington, NM 87401

RECEIVED

Reason(s) for filing (Check proper box)

Oil Well ☒ Change in Transporter of:
Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

OCT 24 1984

OIL CON. DIV.
DIST. 3

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	53	S. Lindrith Gallup-Dakota Ext.	State, Federal or Foreign <u>Federal</u>	390

Unit Letter J ; 1650' Feet From The South Line and 1650' Feet From The East

Line of Section 23 Township 23N Range 4W , NMPM, Sandoval County

SIGNATURE OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Giant Refining Co.	P.O. Box 256, Farmington, NM 87499

Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	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

Well produces oil or liquids, or location of tanks.	Unit <u>J</u> Sec. <u>23</u> Twp. <u>23N</u> Rge. <u>4W</u>	Is gas actually connected? <u>Waiting on Hookup</u>	When
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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 Resrv. ☐ Diff. Resrv. ☐

Spudded <u>7-16-84</u>	Date Compl. Ready to Prod. <u>10-12-84</u>	Total Depth <u>7080'</u>	P.B.T.D. <u>7052'</u>
Formation (DF, RKB, RT, GR, etc.) <u>7127' GR</u>	Name of Producing Formation <u>Gallup-Dakota</u>	Top Oil/Gas Pay <u>5437'-Gallup</u>	Tubing Depth <u>6930'</u>
Correlations <u>6597</u> <u>5437-6912</u> <u>6888-6912</u>			Depth Casing Shoe <u>7052</u>

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12 1/4"</u>	<u>9 5/8" 32#/ft</u>	<u>247'</u>	<u>206.50ft³</u>
<u>8 3/4"</u>	<u>7" 23#/ft</u>	<u>5029'</u>	<u>587.20ft³</u>
<u>6 1/4"</u>	<u>4 1/2" 11.60#/ft</u>	<u>4871'-7052'</u>	<u>264ft³</u>
	<u>2 3/8" 4.7#/ft</u>	<u>6930'</u>	<u>N/A</u>

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 oil available for this depth or be for full 24 hours)

First New Oil Run To Tanks <u>10-12-84</u>	Date of Test <u>10-13-84</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pumping</u>	
Length of Test <u>24hrs</u>	Tubing Pressure <u>50#</u>	Casing Pressure <u>50#</u>	Choke Size <u>3/4"</u>
Prod. During Test <u>90bbbls</u>	Oil - Bbls. <u>70bbbls</u>	Water - Bbls. <u>20bbbls</u>	Gas - MCF <u>70mcf</u>

WELL

Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Flow Method (prior, 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 Commission 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)

10/22/84

(Date)

OIL CONSERVATION DIVISION

10-26-84
APPROVED

OCT 26 1984

BY

Original Signed 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 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.