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Appropriate District Office
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DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-88
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator GREAT WESTERN ONSHORE INC.	Well API No. 30043207280051
Address 1111 Bagby Street, Suite 1700, Houston, Texas 77002	
Reason(s) for Filing (Check proper box) ☐ Other (Please explain)	
New Well ☐	Change in Transporter of: ☐ Dry Gas ☐
Recompletion ☐	CHANGE OF NAME ONLY
Change in Operator XX	Casinghead Gas ☐ Condensate ☐
If change of operator give name and address of previous operator GREAT WESTERN RESOURCES INC.	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Martin-Whittaker	Well No. 53	Pool Name, including Formation S.Lindrith-Gallup Dakota Ext.	Kind of Lease Fed. State, Federal or Fee JIC 390	Lease No. JIC 390
Location Unit Letter J : 1650 Feet From The S Line and 1650 Feet From The E Line Section 23 Township 23N Range 4W , NMPM, Sandoval County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Gary Energy Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 159, Bloomfield, New Mexico 87413					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ N/A	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 23	Twp. 23N	Rge. 4W	Is gas actually connected? No	When?

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

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	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			

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL 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.)

Date First New Oil Run To Tank	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

RECEIVED
JAN 22 1990

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Quality of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

Signature *Cyd Hines*
CYD HINES Engineering Assistant
Printed Name 11/17/89 (713) 739-8400
Date Telephone No.

OIL CONSERVATION DIVISION

JAN 22 1990

Date Approved

By *Brian J. Shoup*
SUPERVISOR DISTRICT #3

Title

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 logs 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.