

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.U.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
GREAT WESTERN RESOURCES INC.
Address
9800 Centre Parkway, Suite 900, Houston, Texas 77036

Reason(s) for filing (Check proper box)
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

Other (Please explain)
CHANGE OF OPERATOR
From W.B. Martin & Associates, Inc.

If change of ownership give name and address of previous owner
W. B. Martin & Associates, Inc. 709 North Butler Farmington, NM 87401

II. DESCRIPTION OF WELL AND LEASE

Lease Name Martin-Whittaker	Well No. 54	Pool Name, including Formation Wildcat Gallup	Kind of Lease Jicarilla Apache	Lease No. 392
Location Unit Letter <u>D</u> : <u>870</u> Feet From The <u>North</u> Line and <u>850</u> Feet From The <u>West</u>			State, Federal or Fee (Federal)	
Line of Section <u>34</u>		Township <u>23N</u>	Range <u>4W</u>	County <u>Sandoval</u>

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Giant Refining Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 256, Farmington, NM 87499			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492, El Paso, TX 79978			
If well produces oil or liquids, give location of tanks.	Unit <u>D</u>	Sec. <u>34</u>	Twp. <u>23N</u>	Rge. <u>4W</u>
Is gas actually connected?		When		
No				

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input checked="" type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded <u>9/30/84</u>	Date Compl. Ready to Prod. <u>11/25/84</u>		Total Depth <u>6845</u>		P.B.T.D. <u>6843</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>7029' GR</u>	Name of Producing Formation <u>Gallup-Semilla-Greenhorn</u>		Top Oil/Gas Pay <u>5136</u>		Tubing Depth <u>6596</u>			
Perforations <u>5136-5796, 6320-30, 6538-6570</u>					Depth Casing Shoe <u>6843</u>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>12 1/2"</u>	<u>9-5/8" 32# casing</u>		<u>260</u>		<u>206.5¹³</u>			
<u>8-3/4"</u>	<u>7" 23# casing</u>		<u>4901</u>		<u>569¹³</u>			
<u>6 1/2"</u>	<u>4 1/2" 11.6# liner</u>		<u>4827-6845</u>		<u>261¹³</u>			
	<u>2-3/8" tubing</u>		<u>6845</u>					

V. 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)

Date First New Oil Run To Tanks	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 - MCFG

GAS WELL

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

VI. 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.

Kathy Carten
Kathy Carten (Signature)
Engineering Assistant (Title)
7/24/86 (Date)

OIL CONSERVATION DIVISION

JUL 28 1986

APPROVED _____
BY [Signature]
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 deviator 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.