

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

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.
709 North Butler
Farmington, NM 87401

If change of ownership give name and address of previous owner: W. B. Martin & Associates, Inc. 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 D : 870 Feet From The North Line and 850 Feet From The West Line of Section 34 Township 23N Range 4W, NMPM, Sandoval County				

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 D	Sec. 34	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 <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 9/30/84	Date Compl. Ready to Prod. 11/25/84		Total Depth 6845		P.B.T.D. 6843			
Elevations (DF, RKB, RT, GR, etc.) 7029' GR	Name of Producing Formation Gallup-Semilla-Greenhorn		Top Oil/Gas Pay 5136		Tubing Depth 6596			
Perforations 5136-5796, 6320-30, 6538-6570					Depth Casing Shoe 6843			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/2"	9-5/8" 32# casing		260		206.5' 3			
8-3/4"	7" 23# casing		4901		569' 3			
6 1/2"	4 1/2" 11.6# liner		4827-6845		261' 3			
	2-3/8" tubing		6845					

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 Carter (Signature)
Engineering Assistant
(Title)

7/24/86
(Date)

OIL CONSERVATION DIVISION

JUL 28 1986

APPROVED

BY

SUPERVISOR DISTRICT 3

TITLE

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.