

DATE	
TIME	
U.S.	
AND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
LOCATION OFFICE	
OFFICIAL	

P O BOX 2058
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

3146/101
3022/102

W.B. Martz and Associates

709 N. Ruth Farmington N.M. 87401

Person(s) for filing (Check proper box)

Well	☒
Completion	☐
Change in Ownership	☐

Change in Transporter of:

Oil	☐	Dry Gas	☐
Casinghead Gas	☐	Condensate	☐

Other (Please Specify)

RECEIVED

DEC 26 1984

Range of ownership give name
address of previous owner

OIL CON. DIV.
DIST. 3

DESCRIPTION OF WELL AND LEASE

Well Name <i>Martin Whittaker</i>	Well No. <i>60</i>	Pool Name, including Formation <i>S. Judith Gallup Dakota Ext.</i>	Kind of Lease State, Federal, or Free <i>TICAN, 11A</i>	Lease No. <i>393</i>
Well Letter <i>E</i> : <i>1710</i> Feet From The <i>North</i> Line and <i>820</i> Feet From The <i>West</i>				
Name of Section <i>22</i> Township <i>23N</i> Range <i>4W</i> NMPM <i>Sandoval</i> County				

SIGNATURE OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ <i>Giant Refining Co.</i>	Address (Give address to which approved copy of this form is to be sent) <i>P.O. Box 256 Farmington N.M. 87499</i>
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)

Does well produce oil or liquids, or both? <i>Yes</i>	Unit <i>E</i>	Sec. <i>22</i>	Twp. <i>23N</i>	Range <i>4W</i>	Is gas actually connected? <i>No Waiting on Contract</i>	Where
--	------------------	-------------------	--------------------	--------------------	---	-------

Production is commingled with that from any other lease or pool, give commingling order number

COMPLETION DATA

Designate Type of Completion - (X) <i>10/25/84</i>	Oil Well ☒ Gas Well ☐ New Well ☒ Workover ☐ Deepen ☐ Plug Back ☐ Same Reservoir ☐ Drill Reservoir ☐	
Date Compl. Ready to Prod. <i>12/14/84</i>	Total Depth <i>7170</i>	P.B.T.D. <i>7169</i>
Name of Producing Formation <i>GALLUP - DAKOTA</i>	Top Oil/Gas Pay <i>GALLUP</i>	Tubing Depth <i>6940</i>
Well No. <i>5755-6069 6562-69 6874-80</i>	Depth Casing Shoe <i>7170</i>	

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<i>12 1/4</i>	<i>9 5/8</i>	<i>263</i>	<i>236 ft³</i>
<i>7 7/8</i>	<i>5 1/2</i>	<i>7170</i>	<i>1872 ft³</i>
	<i>2 3/8</i>	<i>6940</i>	

DATA AND REQUEST FOR ALLOWABLE

Test Name <i>12/14/84</i>	Date of Test <i>12/14/84</i>	Producing Method (Flow, pump, gas lift, etc.) <i>SWABBI/LG</i>	
Time of Test <i>12/14/84</i>	Tubing Pressure <i>29 pbl</i>	Casing Pressure <i>3</i>	Choke Size <i>2"</i>
Prod. During Test <i>29 pbl</i>	Oil - Bbls. <i>26</i>	Water - Bbls. <i>3</i>	Gas - MCF <i>22</i>

TEST

Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Method (pilot, back pr.)	Tubing Pressure (Start-End)	Casing Pressure (Start-End)	Choke Size

CERTIFICATE OF COMPLIANCE

I 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. Martz

(Signature)

Operator

(Title)

12/26/84

(Date)

OIL CONSERVATION DIVISION

DEC 26 1984

APPROVED _____, 19

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.