

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	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input checked="" type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

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

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Martin-Whittaker	Well No. 56	Pool Name, Including Formation W. Lindrith Gallup-Dakota Ext.	Kind of Lease Jicarilla Apache	Lease No. 42
Location Unit Letter <u>C</u> ; <u>985</u> Feet From The <u>North</u> Line and <u>1120</u> Feet From The <u>West</u> Line of Section <u>18</u> Township <u>24N</u> Range <u>4W</u> , NMPM, Rio Arriba 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 C	Sec. 18	Twp. 24N	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 X	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'
Date Spudded 8/11/84	Date Compl. Ready to Prod. 10/12/84	Total Depth 7008	P.B.T.D. 7007					
Elevations (DF, RKB, RT, GR, etc.) 6663' GR	Name of Producing Formation Gallup-Dakota	Top Oil/Gas Pay 5815	Tubing Depth 6930					
Perforations 5815-6722, 6800-6968	Depth Casing Shoe 7007							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/2"	9-5/8" 32# casing		250		206.5' 3			
8-3/4"	7" 23# casing		4949		644' 3			
6 1/2"	4 1/2" 11.6# liner		4902-7007		287' 3			
	2-3/8" 4.7# tubing		6930					

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 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
Kathy Carter (Signature)
Engineering Assistant
(Title)

7/24/86

(Date)

OIL CONSERVATION DIVISION

APPROVED

BY

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.