mit 5 Copies roprinte District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

<u>. </u>		IU INA	1110	FORT OIL	ANU NA	OT IAL OF		PI No				
Operator Chicago Chica								Well API No. 30039235410051				
GREAT WESTERN ONSHORE INC.							1000	3003/233 110001				
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: Change in Transporter of: CHANGE IN NAME ONLY												
Recompletion	<u>C</u> E	CHANGE IN NAME ONLY										
Change is Operator												
If change of operator give name and address of previous operator GREAT WESTERN RESOURCES INC.												
II. DESCRIPTION OF WELL AND LEASE												
Lease Name	AIND LIA	Well No.	Poo	l Name, Includi	ng Formation		Kind o	Kind of Lease		see Na.		
Martin-Whittaker		55	W.	Lindrith	-Gallup	Dakota I	ext Size.	federal or Fee	JIC.	363		
Location		ud			4/		. ^		7.1			
Unit LetterE	-:_ <i>[7</i>	40	_ Fee	t From The	<u> </u>	96	Fe	et From The _	<u> </u>	Line		
Section /6 Township	24,	N	Ras	- 4W	N	ирм,	~ Ric	Arriba		County		
Section /6 Township	01/		NAE	700	, , , , , ,	of to P	1000					
III. DESIGNATION OF TRAN	SPORTE			AND NATU	RAL GAS							
Name of Authorized Transporter of Oil	Name of Authorized Transporter of Oil								rm is to be se	M)		
Gary Energy Corpo				Day Con Con	P.O. I	P.O. Box 159, Bloomfield, NM 87413						
Name of Authorized Transporter of Casinghead Gas or Dry Gas						Addeses (Give address to which approved copy of this form is to be sent)						
N/A If well produces oil or liquids,	Unit	Sec.	Tw	p. Rge.	le gas actuali	y connected?	When	7				
give location of tanks.	Ē	16		W 4W	No		i	<u> </u>				
If this production is commingled with that from any other lease or pool, give commingling order number:												
IV. COMPLETION DATA				· 			· -	1	·	haras an ata		
Designate Type of Completion	.(%)	Oil Wel	u	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
		Dandy (o Per	<u> </u>	Total Depth	<u> </u>	<u> </u>	P.B.T.D.		.1		
Date Spudded	udded Date Compl. Ready to Prod.								E - ad- 6 - ad-			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Ges	Top Oil/Ges Pay			Tubing Depth			
Perforations								Depth Casin	g Shos			
TUBING, CASING AND CEMENTING RECORD												
100 5 0175	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT				
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET							
	1											
					<u> </u>			<u> </u>				
V. TEST DATA AND REQUES OIL WELL (Test must be after to	ST FOR	ALLOW	AB	LE and all and mu	u he sawal ta a	avered top al	loumble for th	ie denth or he	for full 24 kgs	ers.)		
OIL WELL (Test must be after s	Date of T		2 07 11	ond ou and muc		ethod (Flow, p			<i>yo. y y</i>			
Date Life Lake Oil Low 10 1 copy Date Of 16E												
Length of Test	Tubing Pressure				Casing Pressure			Choke Size				
	<u> </u>						EG	G KCF				
Actual Prod. During Test	Oil - Bbl	L			Water - Bbis	' IÑ		Case MCF	11.5			
	<u> </u>					<u> </u>	JANZ	2 1990				
GAS WELL	Bhis Cond				Condensate							
Actual Prod. Test - MCF/D	Longia o	Leagth of Test				amie/MMCF	DIL CC	Hanis Congestore				
Testing Method (pitet, back pr.)	J Tubing Pressure (Shut-in)				Casing Pres	aura (Shut-ia)	DI:	Choic Size)			
	•	-	•	,								
VL OPERATOR CERTIFICATE OF COMPLIANCE						011 00	NOTO	(A TION	D1.404	ON!		
I hereby certify that the rules and regulations of the Oil Conservation						OIL CO	NSERV	AHON	DIVISIO	N		
Division have been complied with and that the information given above								****	0 1880			
is true and complete to the best of my knowledge and belief.					Dat	e Approv	ed	<u>JAN 2</u>	2 1990			
End Vines									Λ			
					By.		7	,,) (The state of the s			
CYD AINES ENGINEERING ASSISTANT					11		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		- 4	* #0		
Printed Name						•	SUP	HVISOR	DISTRIC	1 #3		
Date				one No.						Ŷ.		
			•		11							

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in a with Rule 111.
- 2) All sections of this form stust be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.