

OIL CONSERVATION DIVISION

Form C-104
Revised 10-1-78

NAME OF LESSEE	
DISTRIBUTION	
SANTA FE	
FILE	
REG.	
AND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
REGISTRATION OFFICE	
Operator	

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

William B. Martin and Associates

Address

2110 North Sullivan, Farmington, NM 87401

Reason(s) for filing (Check proper box)

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

Other (Please explain)

Change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Jicarilla	Lease No.
Martin-Florance	#7	Ballard P.C., Pictured Cliffs	State, Federal or Fee	Apache	#362

Location

Unit Letter J ; 1520 Feet From The South Line and 1520 Feet From The East

Line of Section 6 Township 23 North Range 4 West . NMPL, Rio Arriba County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Address (Give address to which approved copy of this form is to be sent)

El Paso Natural Gas Company

Box 1492, El Paso, Tx 79976

Well produces oil or liquids,
or location of tanks.

Unit Sec. Twp. Rge.

Is gas actually connected? When

No

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res.	Diff. Res.
		X	X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
12/17/82	02/11/83	2644'	2617'					
Productions (DF, RAB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
6886' GR	Pictured Cliffs	2517'						
Productions			Depth Casing Shoe					
			2649'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	7" OD	93'	52 cuft (50 sacks)
6 1/4"	2 7/8" OD	2644'	295 cuft (250 sacks)

TEST DATA AND REQUEST FOR ALLOWABLE
ON WELL(Test must be after recovery of total volume of load oil and must be equal to or exceed top oil
able for this depth or be for full 24 hours)

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
Total Prod. During Test	Oil-Bble.	Water-Bble.	Gas-MCF

S WELL

Prod. Test-MCF/D	Length of Test	Bble. Condensate/MCF	Gravity of Condensate
492	3 Hours		
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Choke Size
Back Pressure	N/A	618	3/4"

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
is true and complete to the best of my knowledge and belief.W.B. Martin Jr.
(Signature)

Operator

(Title)

February 15, 1983

(Date)

OIL CONSERVATION DIVISION

3-1-83
APPROVED

Original Signed by FRANK J. CHAVEZ

BY

TITLE SUPERVISOR

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 deviate
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for allow-
able 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 conditio

Separate Forms C-104 must be filed for each pool in multip