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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
REGISTRATION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Revised 10-1-78

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1042/W4

W.B. Martin & Associates, Inc.
709 North Butler, Farmington, N.M. 87401

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 type="checkbox"/>	Casinghead Gas	<input checked="" type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please describe) _____

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DIST. 3

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	Lease No.
Martin-Whittaker	18	S. Lindrith Gallup-Dakota Exl.	State, Federal or Foreign Federal	#362
Location				
Unit Letter	A	660 Feet From The North	Line and 760 Feet From The East	
Line of Section	7	Township 23N	Range 4W	NMPM, Rio Arriba County

SIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Giant Refining Co.	P.O. Box 256, Farmington, N.M. 87499
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Co.	P.O. Box 990, Farmington, N.M. 87499
Well produces oil or liquids, or location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	A 7 23N 4W No Next 45 days

If 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'ty.	Diff. Res'ty.
	X		X					
Spudded 12/24/83	Date Compl. Ready to Prod. 4-13-84	Total Depth 4137' 6960'	P.B.T.D. 6909' KB					
Productions (DF, RKB, RT, GR, etc.) 6894' GR	Name of Producing Formation Gallup-Tocito-Semilla	Top Oil/Gas Pay 5422' KB	Tubing Depth 6549' KB					
Locations 5422'-5502', 5673'-5915', 6368'-6496'			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	9 5/8"=40#	280' KB	206.5ft ³ Class B 2% CaCl ₃
8 3/4"	7"=23#	4820' KB	846.0ft ³ Thixotropic-65/35
6 1/2"	4 1/2"=11.6#	6960' KB	1320ft ³ Selfstress
	2 3/8	6549' KB	N/A

TEST DATA AND REQUEST FOR ALLOWABLE WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top oil column for this depth or be for full 24 hours)


First New Oil Run To Tanks 4/13/84	Date of Test 4/13/84	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Depth of Test 24hrs	Tubing Pressure 65#	Casing Pressure 85#	Choke Size None
Oil Prod. During Test	Oil - Bbls. 42	Water - Bbls. None	Gas - MCF 40

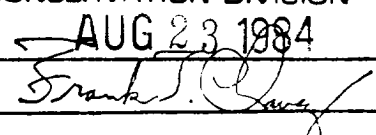
WELL

Oil Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Producing Method (pump, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.


Operator Representative
(Title)
4/20/84
(Date)

OIL CONSERVATION DIVISION
8-23-84
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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.