

## 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 ☐Recompletion ☐Change in Ownership ☒

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

CHANGE OF OPERATOR

From W.B. Martin &amp; Associates, Inc.

709 North Butler

If change of ownership give name  
and address of previous owner

W. B. Martin &amp; Associates, Inc.

Farmington, NM 87401

## II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Jicarilla Apache	Lease No.
Martin-Whittaker	26	S. Lindrith Gallup-Dakota Ext.	State, Federal or Fee (Federal)		362
Location					
Unit Letter	F	1650 Feet From The	North	Line and	1190 Feet From The
Line of Section	6	Township	23N	Range	4W
				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"/>	Address (Give address to which approved copy of this form is to be sent)					
Giant Refining Company	P. O. Box 256, Farmington, NM 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 Company	P. O. Box 1492, El Paso, TX 79978					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	F	6	23N	4W	Yes	10/30/84

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res
	X						X	
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
1/26/84	6/2/84		6895' KB		6894' KB			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
6855' Gr	Gallup-Tocito		5670' KB		6508' KB			
Perforations					Depth Casing Shoe			
5670-5898, 6336-6447					6894' KB			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	9-5/8" 32# casing		270'		181.6' <sup>3</sup> C1 B 2% CaCl <sub>2</sub>			
8-3/4"	7" 23# casing		4834'		400' <sup>3</sup> & 350' <sup>3</sup>			
6 1/2"	4 1/2" 11.6# liner		4747-6894'		340' <sup>3</sup>			
	2-3/8" 4.7# tubing		6508' KB					

## V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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 - MCF

## GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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 Carlen

(Signature)

Engineering Assistant

(Title)

7/24/86

## OIL CONSERVATION DIVISION

APPROVED

BY

TITLE

JUL 31 1986

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 ownership, number, or transporter, or other such change of condition.