

| | |
|------------------------|-----|
| NO. OF COPIES RECEIVED | |
| DIST. DIVISION | |
| SANTA FE | |
| FILE | |
| U.S.G.S. | |
| LAND OFFICE | |
| TRANSPORTER | OIL |
| | GAS |
| OPERATOR | |
| PROMOTION OFFICE | |
| Operator | |

P.O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

W.B. Martin & Associates, Inc.

Address

709 North Butler, 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 | Lease No. |
| Martin-Whittaker | 30 | S. Lindrith Gallup-Dakota Ext. | State, Federal or Fee Federal | 398 |

Location

Unit Letter O ; 900 Feet From The South Line and 1660 Feet From The EastLine of Section 15 Township 23N Range 4W , NMPM, Rio Arriba

County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐

Giant Refining Co.

Address (Give address to which approved copy of this form is to be sent)
P.O. Box 256, Farmington, NM 87499Name 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 Co.

P.O. Box 1492, El Paso, Texas 79978

Well produces oil or liquids,
give location of tanks.

| | | | |
|------|------|------|------|
| Unit | Sec. | Twp. | Rge. |
| O | 15 | 23N | 4W |

Is gas actually connected? When
N/A Waiting on Contract

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'v. | Diff. Res'v. |
| X | X | | X | | | | | |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | | | | | |
| 5/23/84 | 9/21/84 | 7240' | 7238'KB | | | | | |
| Stratifications (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth | | | | | |
| 7242' GR | S. Lindrith Gallup-Dakota | Subsea-6722'-86'KB | 7115'KB | | | | | |
| Stratifications | Ext. | | Depth Casing Shoe | | | | | |
| Tocito-Semilla-6732'-86'KB, | Dakota 7022'-7071'KB | | 7238'KB | | | | | |

TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|-----------|----------------------|-------------|---|
| 12 1/2" | 9 5/8" I-55 32# | 268' | 206.50ft ³ Class B 2%CaCl ₂ |
| 8 3/4" | 7" I-55 26# | 5359'KB | 540sxs-10-1RFC 50/50poz |
| 6 1/2" | 4 1/2" K-55 11.6# | 5259'-7238' | 316/ft ³ 10-1 Thixaid |
| | 2 3/8" 4.70# | 7115'KB | N/A |

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 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.) |
| 9/21/84 | 9/21/84 | Pumping |
| Length of Test | Tubing Pressure | Casing Pressure |
| 24hrs | 50# | 50# |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbls. |
| 63bbls | 61bbls | 2bbls |
| | | Gas - MCF |
| | | 60mcf |

S WELL

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D | Length of Test | Bbls. Condensate/MCF | Gravity of Condensate |
| | | | |
| Testing Method (pites, 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.

David Green

(Signature)

Operator Rep.

(Title)

9/24/84

(Date)

OIL CONSERVATION DIVISION

APPROVED

SEP 25 1984

BY

Original Signed by FRANK J. CHAVEZ

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