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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

<u>I</u>		OTHA	NSP	OHI OIL	AND NA I	UHAL GA		Pl No			
Operator Great Western Re	Well API No. 3003 9233440051										
Address 1111 Bagby Stree	t Hous	ston. T	'exa	5 77002							
Reason(s) for Filing (Check proper box)		30217 1			Othe	(Please expla	in)				
New Well		Change in	Теальер	orter of:	_						
Recompletion	Oil	ĪΩ	Dry G	🗆						ļ	
Change in Operator	Casinghead	i Gas 🔲	Conde) was							
If change of operator give name and address of previous operator											
II. DESCRIPTION OF WELL	AND LEA	SE									
Lease Name		Well No.	Pool i	ame, Includin		004		Lease Fed		ass No.	
Martin-Whittaker	1	34	Sign	nduth	Dollup	-Labota C	N.		JAC	<u> 78 </u>	
Unit LetterO	:_9	90	Feet F	rom The Sa	eith im	and	<u> </u>	x From The	Wesh	Line	
Section /6 Township	1311		Range	441	N/A	(PM. R	is ar	ilia.		County	
				_1.00		11 17 th		<u>.</u>			
III. DESIGNATION OF TRAN	AL GAS Address (Give address to which approved copy of this form is to be sent)										
Name of Authorized Transporter of Oil XX or Condensate Gary Williams Energy Corporation						P.O. Box 159, Bloomfield, New Mexico 87413					
Name of Authorized Transporter of Casinghead Gas XX or Dry Gas						Address (Give address to which approved copy of this form is to be sent)					
	l Paso Natural Gas Co.					x 1492,			79978		
If well produces oil or liquids, give location of tanks.	Unsit		Twp. 1231	14W	is gas actually		When	10/30	184		
If this production is commingled with that	from any oth				ag order aumi	er:					
IV. COMPLETION DATA		_,						·	1		
Designate Type of Completion	- (X)	Oil Well	1	Gas Weil	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compi. Ready to Prod.			Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casis	ng Shoe		
	····									·	
	7				CEMENTI	NG RECOR			CACVE CEN	ENT	
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
	 										
											
V. TEST DATA AND REQUES	ST FOR	LLOW	ABLI	<u> </u>			<u> </u>		- 2	·····	
OIL WELL (Test must be after t									for full 24 ho	ws.)	
Date First New Oil Rua To Tank	Date of Te	at.			Producing M	ethod (Flow, p	ump, gas lift,	uc.)			
Length of Test	Tubing Pressure				Casing Press	uro .	· · · · · · · · · · · · · · · · · · ·	Choke Size			
									C- VCE		
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL					(· -					
Actual Prod. Test - MCF/D	Length of Test				Bbis. Condensais/MMCF			Gravity of Condensate			
	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choka Siza			
Testing Method (pitot, back pr.)	: Joung 17	(20U			Castag Field						
VI. OPERATOR CERTIFIC						OIL CO	NSFRV	ATION	DIVISI	ON	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					1		10611V	, , , , , , , ,		_,,	
is true and complete to the best of my knowledge and belief.					Date	a Approve	ed	SEP 0	5 1989		
Eyd Lines						• •		ربر) (James /	•	
CYD MINES Engineering Assistant					By_	 			DISTRIC	T # 3	
Printed Name 8/29/89	(7	13) 73	Tul 9-84	00	Title)	901 Et			···	
Date		Tel	lephon	No.							

- INSTRUCTIONS: This form is to be filed in compliance with Rule 1104 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance
- with Rule 111. 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.