

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

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SANTA FE	
FILE	
V.B.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS3046/N
2211-14-83
RECEIVED

SEP 27 1983

OIL CON. DIV.

DIST. 3

Operator
W. B. Martin & Associates, Inc.Address
2110 North Sullivan, Farmington, New Mexico 87401

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input checked="" 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)

Plugged Off Mancos and
Produced Gallup-DakotaIf change of ownership give name
and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name Martin-Florance	Well No. 13	Pool Name, including Formation S. Lindrith Gallup-Dakota	Kind of Lease Jicarilla State, Federal or Fee Apache	Lease No. #362
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Location

Unit Letter A : 880 Feet From The North Line and 680 Feet From The EastLine of Section 8 Township 23N Range 4W , NMPM, Rio Arriba

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Giant Refining Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 256, Farmington, NM 87401
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Northwest Pipeline	Address (Give address to which approved copy of this form is to be sent) 295 Chipeta Way, Salt Lake City, UT 84110
If well produces oil or liquids, give location of tanks.	Unit <u>A</u> Sec. <u>8</u> Twp. <u>23N</u> Rgn. <u>4W</u>
	Is gas actually connected? <u>No</u> When <u>90 Days</u>

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input checked="" type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Re <input type="checkbox"/>
Date Spudded 06/14/83	Date Compl. Ready to Prod. 08/12/83	Total Depth 7200'	P.B.T.D. 7152'					
Elevations (DF, RKB, RT, GR, etc.) GR. 7014'	Name of Producing Formation Gallup-Dakota	Top Oil/Gas Pay 5938'	Tubing Depth 6569'					
Perforations 5024-5103, 5938-6007, 6506-6642, 6841-6861, 6943-6961			Depth Casing Shoe 7195'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8 24#	244	225 sks Class B 2% CaCl
7 7/8"	5 1/2 17#	7195	1st Stage 625 sks (875ft) 3 50/50 Poz 6#

Gelsonite 2% Gel, 2nd stage DV tool at 5186' KB 310 sks (395ft) 3 10-1 Thixotropic, 3rd stage Second DV tool at 2439' 50 sks (595) 3 50/50 poz. 6% gel, 6# salt, (.5ft) 3/sx Perlite. Tail in with 50 sks (59ft) 3 Class B 2% CaCl, Cement top 208

TEST DATA AND REQUEST FOR ALLOWABLE. (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)

Date First New Oil Run To Tanks 09/22/83 9/10/83	Date of Test 09/16/83	Producing Method (Flow, pump, gas lift, etc.) Pumping
Length of Test 24 Hours	Tubing Pressure 85#	Casing Pressure 85#
Actual Prod. During Test 77 BBLS	Oil-Bbls. 47	Water-Bbls. 30
		Check Size 1/2"
		Gas-MCF 35

AS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Casing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Check 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 above is true and complete to the best of my knowledge and belief.

(Signature)

Production Foreman

(Title)

09/26/83

(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 18 _____

BY _____

TITLE _____

This form is to be filed in compliance with RULE 110A.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter or other such change of condition.

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