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U.S.U.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
GREAT WESTERN RESOURCES INC.  
Address  
9800 Centre Parkway, Suite 900, Houston, Texas 77036  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐ Other (Please explain)  
CHANGE OF OPERATOR  
From W.B. Martin & Associates, Inc.  
If change of ownership give name and address of previous owner W. B. Martin & Associates, Inc. 709 North Butler Farmington, NM 87401

II. DESCRIPTION OF WELL AND LEASE

Lease Name Martin-Whittaker	Well No. 17	Pool Name, Including Formation S.Lindrith Gallup-Dakota Ext.	Kind of Lease Jicarilla Apache State, Federal or Fee (Federal)	Lease No. 362
Location Unit Letter I : 1870 Feet From The South Line and 680 Feet From The East Line of Section 8 Township 23N Range 4W , NMPM, Rio Arriba Count				

III. 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 Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 256, Farmington, NM 87499	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492, El Paso, TX 79978	
If well produces oil or liquids, give location of tanks.	Unit I Sec. 8 Twp. 23N Rge. 4W	Is gas actually connected? Yes When 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 X	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res
Date Spudded 12/9/84	Date Compl. Ready to Prod. 8/13/84	Total Depth 6750' KB	P.B.T.D. 6738' KB					
Elevations (DF, RKB, RT, GR, etc.) 7001' GR	Name of Producing Formation Gallup-Dakota	Top Oil/Gas Pay 5769' KB	Tubing Depth 6018' KB					
Perforations 5769-6024' KB, 6429-6675' KB			Depth Casing Shoe 6738' KB					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4"	9-5/8" casing	250'	175 SX					
8-3/4"	7" casing 23#	4950'	495 SX					
6 1/2"	4 1/2" casing 11.6#	6738' KB	220(330'*) C1 H RFC					
	2-3/8" tubing	6018' 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 (pilot, 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 Carter  
Engineering Assistant  
(Signature)  
(Title)

7/24/86

(Date)

OIL CONSERVATION DIVISION

APPROVED

BY

TITLE

SUPERVISOR DISTRICT #9

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.