

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DISTRIBUTION		
STATE		
FED.		
U.S.		
AND OFFICE		
TRANSPORTER	OIL	
	NAT.	
ERATOR		
LOCATION OFFICE		
erator		

U.B. Martin and Associates

709 N. Butler Farmington N.M. 87401

son(s) for filing (Check proper box)

Other (Please explain)

Well ☐
Completion ☐
Change in Ownership ☐

Change in Transporter of:

Oil ☐

Dry Gas ☐

Casinghead Gas ☐

Condensate ☐

First Delivery of Natural Gas

Change of ownership give name

Address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name *Martin 1st Well* Well No. *26* Pool Name, including Formation *S. Junduth Gallup Dakota* State, Federal, or Fee *STATE* Lease No. *362*

Well Letter *F* *1650* Feet From The *North* Line and *1190'* Feet From The *West*

Line of Section *6* Township *23N* Range *4W* N.M.P.M. *Rio Arriba* County

SIGNATURE OF TRANSPORTER OF OIL AND NATURAL GAS

Signature of Authorized Transporter of Oil ☒ or Condensate ☐

Address (Give address to which approved copy of this form is to be sent)

Giant Refining Co.

P.O. Box 256 Farmington N.M. 87401

Signature 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

Unit *F* Sec. *6* Twp. *23N* Rge. *4W*

Is gas actually connected?

yes *10/30/84*

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 ☐ Sand Replenish ☐ Other ☐

Spudded

Date Compl. Ready to Prod.

Total Depth

P.B.T.C.

Zone (DF, RAB, RT, GR, etc.,)

Name of Producing Formation

Top Oil, Gas Pay

Timing Depth

ations

Depth Casing Shoe

TUBING CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

DATA AND REQUEST FOR ALLOWABLE
WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed test value for this depth or be for full 24 hours)

Test New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.,)
of Test	Tubing Pressure	Casing Pressure
		Choke Size
Prod. During Test	Oil - Bbls.	Water - Bbls.
		Gas - MCF

WELL

Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF
		Oil & Condensate
Method (plug, back pr.)	Tubing Pressure (Start-In)	Casing Pressure (Start-In)
		Choke Size

CERTIFICATE OF COMPLIANCE

I 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.

U.B. Martin Jr.
(Signature)

Operator
(Title)

Nov. 14, 1984
(Date)

OIL CONSERVATION DIVISION

NOV 20 1984

APPROVED

BY

Frank J. [Signature]

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 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.

Separate Forms O-104 must be filed for each permit in multiply completed wells.