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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PROMOTION OFFICE		

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

315/21
3047/NW
Sept 18/84

RECEIVED
AUG 22 1984

OIL CON. DIV.
DIST. 3

Operator
N.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 Martin-Whittaker	Well No. 27	Pool Name, Including Formation S. Lindrieth-Gallup-Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. #362
Location				
Unit Letter A	800'	Feet From The North	Line and 800'	Feet From The East
Line of Section 6	Township 23N	Range 4W	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"/>	Address (Give address to which approved copy of this form is to be sent)
Amiant Refining Company	P.O. Box 256, Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	P.O. Box 1492, El Paso, Texas 79979
Well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
A 6 23N 4W	NO Waiting on Contract

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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res
Date Spudded 7/24/84	Date Compl. Ready to Prod. 8/19/84	Total Depth 6685'KB	P.B.T.D. 6682'KB					
Deviations (DF, RKB, RT, GR, etc.) 891'GR	Name of Producing Formation Gallup	Top Oil/Gas Pay 5492'KB	Tubing Depth 6085'KB					
Correlations 492'-29, 5755'-97', 5806'-51', 5928'-69', 6393'-95', 6417'-85', 6531'-37'			Depth Casing Shoe 6682'KB					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
2 1/2"	9 5/8" 32# J-55 Casing	255'KB	206.5ft ³ (175sxs)ClassB 2%CaCl
3/4"	7" 23# J-55 Casing	4956'KE	266ft ³ (175sxs)50/50 poz 6% ge
1/8"	4 1/2" 11.6 K-55	4842-6682'KB 255ft ³ (170sxs)10-1 Thix	tail 440ft ³ (275sxs)Thix 2%
	2 3/8	6005'KB	Fluid Loss

TEST DATA AND REQUEST FOR ALLOWABLE
C 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)

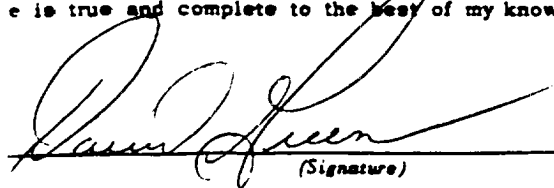
Date First New Oil Run To Tanks 7/19/84	Date of Test 8/20/84	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 4hrs	Tubing Pressure 50#	Casing Pressure 50#	Choke Size 3/4
Total Prod. During Test 0.25bb1	Oil - Bbls. 10bb1	Water - Bbls. 1/4 bbl	Gas - MCF 50

S WELL

Total Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Producing Method (pilot, 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.


(Signature)

Operator Representative
(Title)

8/21/84
(Date)

OIL CONSERVATION DIVISION

APPROVED AUG 22 1984

BY Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRICT # 3

TITLE

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 C-104 must be filed for each pool in multiple related wells.