

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PRODUCTION OFFICE	

Operator

GREAT WESTERN RESOURCES INC.

Address

9800 Centre Parkway, Suite 900, Houston, Texas 77036

Reason(s) for filing (Check proper box)

New Well ☐Recompletion ☐Change in Ownership ☒

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

CHANGE OF OPERATOR

From W.B. Martin & Associates, Inc.

If change of ownership give name
and address of previous ownerW. B. Martin & Associates, Inc. 709 North Butler
Farmington, NM 87401

II. DESCRIPTION OF WELL AND LEASE

Lease Name Martin-Whittaker	Well No. 30	Pool Name, including Formation S. Lindrith Gallup-Dakota Ext.	Kind of Lease Jicarilla Apache State, Federal or Fee (Federal)	Lease No. 398
Location Unit Letter <u>0</u> : <u>900</u> Feet From The <u>South</u> Line and <u>1660</u> Feet From The <u>East</u> Line of Section <u>15</u> Township <u>23N</u> Range <u>4W</u> , NMPM, Rio Arriba County				

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 0	Sec. 15	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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input checked="" type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 5/23/84	Date Compl. Ready to Prod. 9/21/84		Total Depth 7240		P.B.T.D. 7238			
Elevations (DF, RKB, RT, GR, etc.) 7242' GR	Name of Producing Formation Gallup-Dakota		Top Oil/Gas Pay 5596		Tubing Depth 7115			
Perforations 5596-6739, 7022-7074					Depth Casing Shoe 7238			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	9-5/8" 32# casing	268	206.5' ³ C1 B 2%CaCl ₂
8-3/4"	7" 26# casing	5359	855' ³ 10-RFC 50/50 Poz
6 1/2"	4 1/2" 11.6# liner	5259-7238	316' ³ 10-1 Thixaid
	2-3/8" 4.7# tubing	7115	

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 (pitot, 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 (Signature)
Engineering Assistant

(Title)

7/24/86

(Date)

OIL CONSERVATION DIVISION

APPROVED

BY

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 deviator 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.