Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

Size of Hew Mexico Energy, Minerals and Natural Resources Department

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aziec, NM 87410

000 Rio Brazos Rd., Aztec, NM 87410	REQUEST FO	R ALLOWABI	LE AND A AND NAT	UTHORIZ URAL GA	S	St N -	. <u>.</u>		
Operator				Well Al	1 Na. 0039234550051				
GREAT WESTERN G			ston. '	rexas	77002	- · - , - , - , - , - , - , - , - , - , - 			
Reason(s) for Filing (Check proper box)	eet, suite	1700; nou	U Other	(Lieuse extiai	n)				
New Well		Transporter of: Dry Gas	<u>C1</u>	HANGE O	F NAME	ONLY			
Recompletion Change is Operator X	Oil L.J. Casinghead Gas	Condensate							
change of operator give name	REAT WESTER	RN RESOURC	ES INC	•					
nd address of previous operator IL DESCRIPTION OF WELL									
Lease Name	Well No.	Pool Name, Includia		Ex		Lease FLO	JIC	m Na 298	
Martin-Whittak	er 32	S. Lindri	tn-Gal	Tup Dak	- =		10100	7/0	
Unit Letter	: 690	, Feet From The	<u>/</u> Lies	<u>169</u>		t From The _	W	Line	
Section /6 Townshi	93N	Range 4W	, Ne	IPM,	RIO	Arriba		County	
III. DESIGNATION OF TRAN	SPORTER OF O	IL AND NATUE	RAL GAS			6.15-6	- in the first	-el	
Name of Authorized Transporter of Oil	XX or Conde	Five address to which approved copy of this form is to be sent) BOX 159, Bloomfield, NM 87413							
Gary Energy Co Name of Authorized Transporter of Casin	rporation (XX)	or Dry Gas 🗀	Address (Give address to which approved copy of this form is to be					nt)	
El Paso Natura	l Gas Co.		P.O. Box 1492, El Paso, TX 79978						
If well produces oil or liquids, give location of tanks.	Unit Sec.	23N 4W	is gas actually Ye	s	When		30/84		
If this production is commingled with that IV. COMPLETION DATA	from any other lesss or	pool, give commingli	ing order mant						
Designate Type of Completion	- (X)	Ges Well	New Well	Workover	Deepee	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compi. Ready to Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	vations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Ges Pay			Tubing Depth		
Perforations						Depth Casing Shoe			
			CENTENES.	NC PECOP	<u> </u>	<u> </u>	· 	· ·	
	CASING & T	CEMENTING RECORD DEPTH SET			SACKS CEMENT				
HOLE SIZE	CASING 8 I	<u> </u>							
						 			
			 			<u> </u>			
V. TEST DATA AND REQUE	ST FOR ALLOW	ABLE				Sand as be	for full 2d ha	ues 1	
OIL WELL (Test must be after Date First New Oil Run To Tank	recovery of total volum	e of load oil and mus	Producing N	r exceed top at lethod (Flow, p	owable for In ump, gas lift,	esc.)	JOF JUL 24 NO	4. ,	
Date First New Oil Rue 10 125K	Date of Lear								
Length of Test	Tubing Pressure		Casing Proc	in i	ECE	IVE	\mathcal{U}		
Actual Prod. During Test	Oil - Bbla.		Water - Bbi		<u> </u>	Gas- MCP	U		
				<u> </u>	JAN22	1990 -			
GAS WELL			Bbls. Cond			tic Silv	Contenue		
Actual Prod. Test - MCF/D	Leagth of Test	BOLL COMM		L, COI	erromania (h. 1905). 1906 - Maria Albandra, erromania (h. 1907). 1906 - Albandra Albandra, erromania (h. 1907).				
Testing Method (pilet, back pr.)	Tubing Pressure (Si	ME-IA)	Casing Pres	auro (Sbut-ia)		Choke Su			
VI. OPERATOR CERTIFI	CATE OF COM	PLIANCE		OIL CO	NSER	ATION	DIVISI	ION	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above			N N	OIL CONSERVATION DIVISIO					
is true and complete to the best of my knowledge and belief.			Da	te Approv	ed	JAN 2	2 19 9 0		
. ~	A Thina.	,					1	,	
Signature	a sines		Ву			<u>,, e</u>	3/2		
Prised Name 11/10 180		ring Asst. 39-8400	· Tit	6	SUPE	RVISOR	DISTRICT	#3	
11/17 89		39-8400 Celephone No.							
		-	!!						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 4) Separate Form C-104 must be filed for each pool in multiply completed wells.