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TRANSPORTER	OIL	
	GAS	
OPERATOR		
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OIL CONSERVATION DIVISION

P. O BOX 2088

SANTA FE, NEW MEXICO 87501

Revised 10-1

3057 W

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
JAN 24 1986
OIL CON. DIV.
DIST. 3

Operator
W.B. Martin & Associates, Inc.

Address
709 North Butler

Reason(s) for filing (Check proper box)

New Well [X]
Recompletion [ ]
Change in Ownership [ ]

Change in Transporter of:
Oil [ ] Dry Gas [ ]
Casinghead Gas [ ] Condensate [ ]

Other (Please explain)

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Martin-Whittaker	72	S. Lindrith Gallup-Dakota	State, Federal or Fee	

Location
Unit Letter G : 1730 Feet From The East Line and 1850 Feet From The North

Line of Section 20 Township 23N Range 4W , NMPM.

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]: Giant Refining Company
Address (Give address to which approved copy of this form is to be sent): Box 256 Farmington, NM 87499

Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]: Waiting on contract negotiations
Address (Give address to which approved copy of this form is to be sent):

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	G	20	23	4	No	

If 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	Same Resv.	Diff. Resv.
	X							

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
10/8/85	1/16/86	6785' KB	6785' KB

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	Gallup-Dakota	5366' KB	6607' KB

Perforations	Depth Casing Shoe
6302-~~6430~~ 6682' KB, 5598-5856' KB, 5366-94' KB	6785' KB

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 ¼"	9 5/8" 32#/ft	260' KB	247 ft³ Class B 3% Ca
7 7/8"	4½" 11.6#/ft	6785' KB	1896 ft³
4½" O.D. Casing	2 3/8" 4.7#/ft	6607' KB	Production

TEST DATA AND REQUEST FOR ALLOWABLE (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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
1/16/86	1/16/86	IP swabbing

Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	0 psi	360 psi	N/A

Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	111 bbls	12 bbls	26 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

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.

(Signature)

OPERATIONS REPRESENTATIVE
(Title)

1-23-86
(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 16 1986

Original Signed by FRANK T. CHAVEZ

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 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 operator, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply