

Submit to: Chief  
Appropriate District Office  
DISTRICT I  
P.O. Box 1900, Hobbs, NM 88240

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-104  
Revised 5-1-88  
See Instructions  
at Bottom of Page

OIL CONSERVATION DIVISION

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

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator <b>GREAT WESTERN ONSHORE INC.</b>		Well API No. <b>30043207810051</b>
Address <b>1111 Bagby Street, Suite 1700, Houston, Texas 77002</b>		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> <b>CHANGE OF NAME ONLY</b>		

If change of operator give name and address of previous operator **GREAT WESTERN RESOURCES INC.**

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Martin-Whittaker</b>	Well No. <b>61</b>	Pool Name, including Formation <b>S.Lindrith-Gallup</b>	Ext. <b>Dakota</b>	Kind of Lease State, Federal or Fee	Fed. <b>JIC 393</b>	Lease No.
Location Unit Letter <b>C</b> : <b>990</b> Feet From The <b>N</b> Line and <b>820</b> Feet From The <b>W</b> Line Section <b>21</b> Township <b>23N</b> Range <b>4W</b> , NMPM, <b>Sandoval</b> 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"/> <b>Gary Energy Corporation</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 159, Bloomfield, NM 87413</b>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 <b>C</b>	Sec. <b>21</b>	Twp. <b>23N</b>	Rge. <b>4W</b>	Is gas actually connected?	When?

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

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GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)

VI. OPERATOR 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 *Cyd Hines*  
**CYD HINES** Engineering Assistant  
Printed Name  
Date 11/17/89 (713) 739-8400  
Telephone No.

OIL CONSERVATION DIVISION

JAN 22 1990

Date Approved

By

*Burt J. Chang*

SUPERVISOR DISTRICT #3

Title

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

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