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LAND OFFICE	
TRANSPORTER	OIL <input type="checkbox"/>
	GAS <input type="checkbox"/>
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator: Gifford, Mitchell & Wisenbaker

Address: 1280 Midland National Bank, Midland, Texas 79701

Reason(s) for filing (Check proper box):
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

Other (Please explain): 11/1/80

If change of ownership give name and address of previous owner: THIS WELL HAS BEEN PLACED IN THE PUBLIC DOMAIN BY THE OIL CONSERVATION COMMISSION

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Buffalo Hump</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Comanche Stateline Tansil Yates - SR</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No. <u>NA</u>
Location: Unit Letter <u>E</u> ; <u>660</u> Feet From The <u>West</u> Line and <u>2030</u> Feet From The <u>North</u>				
Line of Section <u>27</u> Township <u>26S</u> Range <u>36E</u> , NMPM, <u>Lea</u> 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"/> <u>Basin, Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 2297 Midland, Texas 79702</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>el Paso Natural Gas Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1492 El Paso, Texas 79978</u>
If well produces oil or liquids, give location of tanks. Unit <u>E</u> Sec. <u>27</u> Twp. <u>26S</u> Rge. <u>36E</u>	Is gas actually connected? <u>No</u> When <u>10/1/80</u>

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) <u>X</u>	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 type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded <u>7/6/80</u>	Date Compl. Ready to Prod. <u>8/30/80</u>	Total Depth <u>3585</u>	P.B.T.D. <u>3572</u>					
Elevations (DF, RAB, RT, GR, etc.) <u>2903 GR</u>	Name of Producing Formation <u>Yates - Comanche</u>	Top Oil/Gas Pay <u>3321</u>	Tubing Depth <u>3260</u>					
Perforations <u>3321-3549</u>						Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<u>12 1/4"</u>	<u>8 5/8"</u>	<u>1396'</u>	<u>1125</u>					
<u>7 7/8"</u>	<u>5 1/2"</u>	<u>3585</u>	<u>550</u>					
	<u>2 3/8"</u>	<u>3260</u>						

V. 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)

Date First New Oil Run To Tanks <u>7/28/80</u>	Date of Test <u>8/31/80</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Flow</u>	
Length of Test <u>24 hrs.</u>	Tubing Pressure <u>60</u>	Casing Pressure <u>Packer</u>	Choke Size <u>18/64"</u>
Actual Prod. During Test	Oil - Bbls. <u>80</u>	Water - Bbls. <u>84</u>	Gas - MCF <u>91</u>

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (puff, 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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

L. B. Smith
(Signature)

Production Engineer
(Title)

9/3/80
(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 5 1980, 19

BY John W. Johnson
TITLE Geologist

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