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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
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

I. Operator  
Gifford, Mitchell & Wisenbaker  
Address  
1280 Midland National Bank Tower 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)  
Casinghead Gas MUST NOT BE  
PLACED AFTER 5/12/78  
UNLESS AN EXCEPTION TO R-4070  
IS OBTAINED

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Horse Back	Well No. 3	Pool Name, Including Formation Comanche (Stateline)	Kind of Lease State, Federal or Fee State	Lease No. L6379
Location Unit Letter <u>8</u> : 2240 Feet From The East Line and 750 Feet From The North Line of Section 33 Township 26-S Range 36-E, NMPM, Lea 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"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, Texas 77001					
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, Texas 79978					
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 33	Twp. 26-S	Rge. 36-E	Is gas actually connected? No	When approximately May 19, 1978

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 checked="" 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 4/24/78	Date Compl. Ready to Prod. 5/5/78		Total Depth 3255'		P.B.T.D. N/A			
Elevations (DF, RAB, RT, GR, etc.) GR = 2899'	Name of Producing Formation Capitan Reef		Top Oil/Gas Pay 3107'		Tubing Depth 3244'			
Perforations 3141' to 3202'					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		1405'		750			
7 7/8"	5 1/2"		3255'		450			
7 7/8"	2 3/8"		3244'					

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)

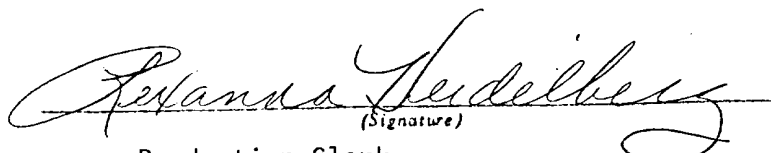
Date First New Oil Run To Tanks 5/10/78	Date of Test 5/10/78	Producing Method (Flow, pump, gas lift, etc.) flowing	
Length of Test 24 hrs.	Tubing Pressure 170	Casing Pressure	Choke Size 28/64"
Actual Prod. During Test	Oil-Bbls. 191	Water-Bbls. 84	Gas-MCF 249

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

  
Production Clerk  
5/12/78  
(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY \_\_\_\_\_  
TITLE \_\_\_\_\_

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 Forms C-104 must be filed for each pool in multiply completed wells.

GIFFORD, MITCHELL & WISENBAKER  
HORSE BACK #3

Deviation Survey

515'	1/2 <sup>0</sup>	515'	4.04
985'	3/4 <sup>0</sup>	470'	5.54
1405'	1/4 <sup>0</sup>	420'	1.65
1669'	3 1/4 <sup>0</sup>	264'	13.47
1920'	3/4 <sup>0</sup>	251'	2.96
2162'	4 <sup>0</sup>	242'	15.20
2391'	3 <sup>0</sup>	229'	10.79
2625'	2 3/4 <sup>0</sup>	234'	10.10
2893'	2 1/2 <sup>0</sup>	268'	10.52
3050'	2 3/4 <sup>0</sup>	157	6.78
3255'	2 <sup>0</sup>	205'	6.44
			<hr/>
			87.44

Maximum horizontal displacement was 87.49' at a  
measured depth of 3255'

*Lupanna Heidelberg*  
*Production Clerk*  
*5/12/78*