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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

Operator		Gifford, Mitchell & Wisenbaker	
Address		1280 Midland National Bank Tower	
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well ☒	Change In Transporter of:		
Recompletion ☐	Oil ☐ Dry Gas ☐		
Change In Ownership ☐	Casinghead Gas ☐ Condensate ☐		

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Horse Back	6	Comanche (Stateline)	State, Federal or Fee State	L6379
Location				
Unit Letter	A	990 Feet From The north Line and 990 Feet From The east		
Line of Section	33	Township 26-S	Range 36-E	County Lea

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)					
The Permian Corporation						
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas Company	P. O. Box 1492, El Paso, TX 79978					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	A	33	26-S	36-E	yes	6/26/78

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.			
6/13/78	6/25/78		3228'		N/A			
Elevations (DF, F.S.B., RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
GR = 2899'	Capitan Reef		3137'		3228'			
Perforations					Depth Casing Shoe			
3137' to 3218'								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		1412'		700			
7 7/8"	5 1/2"		3228'		450			

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)

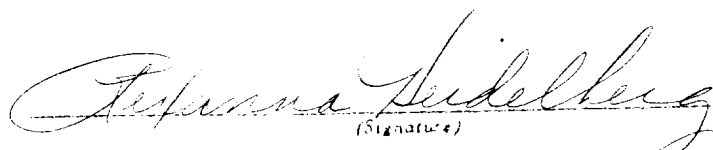
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
6/25/78	6/26/78	flowing	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	70 psi		32/64"
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	52	42	108

GAS WELL

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

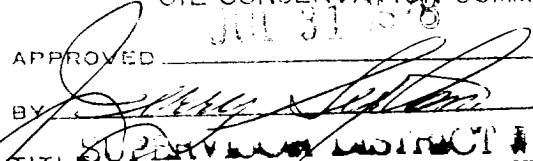
VI. CERTIFICATE OF COMPLIANCE

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.


(Signature)
Production Clerk
(Title)
7/27/78
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19__

BY 
TITLE SUPERVISOR

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.