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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PROBATION 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 Midland, Texas 79701	
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE		Pawnee - Strawn Gas A-6420	
Lease Name	Well No.	Pool Name, including Formation	Kind of Lease
White Eagle	1	Wildcat	State, Federal or Fee State
Location		Lease No.	
Unit Letter F ; 1650 Feet From The North Line and 2310 Feet From The West		LG-3340	
Line of Section 22 Township 26-S Range 36-E, NMPM, Lea County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Basin, Inc.	Box 2297, Midland, TX 79702	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	El Paso Natutal Gas Co.	Box 1492, El Paso, TX 79978	
If well produces oil or liquids, give location of tanks.	Unit F Sec. 22 Twp. 26-S Rge. 36-E	Is gas actually connected?	When / May 8, 1980

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA		Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.	
Designate Type of Completion - (X)		X X X	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
11/25/79	4/18/80	18,577'	15,180'
Elevations (DF, RAS, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
GR 2910	Strawn	12,505'	12,300' - 3-1/2"
Perforations		Depth Casing Shoe	
12,505' - 13,196'		16,504'	
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
26"	20"	925'	1700'
17-1/2"	13-3/8"	4950'	3800'
12-1/4"	9-5/8"	11854'	2425'
8-1/2"	7-3/4" liner	11,561' to 16,504'	875

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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL		Bbls. Condensate/MMCF Gravity of Condensate	
Actual Prod. Test-MCF/D	Length of Test	27.9	47.7
13,423 (AOF)	4 rates - 1 hour ea.	Casing Pressure (Shut-in) packer	Choke Size variable back pressure
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 5798		

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. Stitt
(Signature)

Production Engineer
(Title)

5/1/80
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19

BY _____

TITLE **SUPERVISOR DISTRICT 1**

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.