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LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PROBATION OFFICE			

NEW MEXICO OIL CONSERVATION COM. ON
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)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Standing Bear Federal	Well No. 2	Pool Name, Including Formation Sioux, Yates, Permian	Kind of Lease State, Federal or Fee Federal	Lease No. NM 6726
Location				
Unit Letter E : 1980 Feet From The North Line and 660 Feet From The West				
Line of Section 5 Township 26S Range 36E, 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"/> Basin, Inc.	Address (Give address to which approved copy of this form is to be sent) Box 2297, Midland, Texas 79701			
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) Box 1492, El Paso, Texas 79978			
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 5	Twp. 25S	Pge. 36E
	Is gas actually connected?		When	
	Yes		10/7/80	

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 type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'tv. <input type="checkbox"/>	Diff. Res'tv. <input type="checkbox"/>
Date Spudded 7/20/80	Date Compl. Ready to Prod. 10/7/80		Total Depth 3311		P.B.T.D. 3305			
Elevations (DF, RAB, RT, GR, etc.) 2996 GR	Name of Producing Formation Tensil		Top Oil/Gas Pay 3202		Tubing Depth 3007			
Perforations 3202 - 3253					Depth Casing Shoe 3311			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		1445'		1125			
7 7/8"	5 1/2"		3311		550			
	2 3/8"		3007					

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)

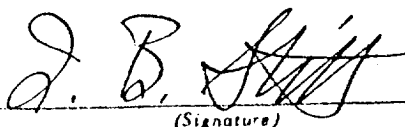
Date First New Oil Run To Tanks 10/7/80	Date of Test 10/8/80	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure ---	Casing Pressure ---	Choke Size ---
Actual Prod. During Test	Oil - Bbls. 11	Water - Bbls. 51	Gas - MCF 25

GAS WELL

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

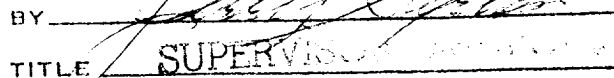

(Signature)

Production Manager
(Title)

10/16/80
(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.