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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 <input checked="" type="checkbox"/> P. R. Cagle	
Address P. O. Box 3684, Odessa, Texas 79760	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of ownership give name and address of previous owner Gifford, Mitchell & Wisenbaker 1280 Midland National Bank Tower, Midland, Texas 79701	

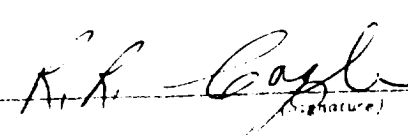
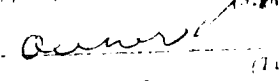
DESCRIPTION OF WELL AND LEASE		Kind of Lease	Lease No.
Lease Name Buffalo Hump	Well No., Pool Name, Including Formation 3 Comanche Stateline	State, Federal or Fee Fee	
Location Unit Letter C ; 660 Feet From The North Line and 2130 Feet From The West			
Line of Section 27 Township 26-N Range 36-E, NMPM, Lea County			

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 type="checkbox"/>			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.
	Pge.	Is gas actually connected? When	
If this production is commingled with that from any other lease or pool, give commingling order number:			

COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Designate Type of Completion - (X) Dry Hole									
Date Spudded 10-18-80	Date Compl. Ready to Prod. 11-3-80	Total Depth 3608'		P.B.T.D. 3500'					
Elevations (D.F., R.B., R.F., GR., etc.) 2899 GR	Name of Producing Formation Tansil Yates	Top Oil/Gas Pay 3381		Tubing Depth 3320'					
Perforations 3381' - 3442'		Depth Casing Shoe 3608'							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT					
12 1/4"	8-5/8"	1432'		1125 SXS.					
7-7/8"	5 1/2"	3608'		550 SXS.					

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

I. 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)	
 (Title)	
8-4-81 (Date)	

OIL CONSERVATION COMMISSION MAY 6 1982	
APPROVED _____, 19____	ORIGINAL SIGNED BY HARRY DEAN JONES
BY _____	TITLE DIRECTOR
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 re-completed 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 multiply completed wells.	