

FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

OIL AND NATURAL GAS
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Superseded by OIL CONSERVATION COMMISSION
Effective 1-1-67

Operator GMW Corp.	
Address 675 Empire Plaza, Midland, Texas 79701-4289	
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 ☐
Change in operator name & mailing address	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Buffalo Hump	Well No. 6	Pool Name, including Formation Comanche Stateline Tansil Yates, <i>JK, Lu</i>	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter <u>N</u> : <u>660</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>27</u> Township <u>26S</u> Range <u>36E</u> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Basin, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2297, Midland, Texas 79702					
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ 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 E	Soc. 27	Twp. 26S	Rge. 36E	Is gas actually connected? Yes	When 1-14-81

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	Stim. Res'v.	Prod. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of liquid 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

Actual Prod. Test-MCF/D	Length of Test	Lbs. Condensate/MCF	Gravity of Condensate
Testing Method (Flow, shut-in, etc.)	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.

J. B. Stitt / Dee
(Signature)
Production Manager
May 11, 1982
(Date)

OIL CONSERVATION COMMISSION	
JUL 20 1982	
APPROVED _____, 19____	Original Signed by _____
BY _____	Les Clements
TITLE _____	Oil & Gas Insp.
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 a) volume taken on the well in accordance with RULE 111.	
All sections of this form must be filled out completely for allowable to be considered complete.	
Fill out only Sections I, II, III, and VI for changes of lease, well name or number, or transporter, or other such change of condition.	