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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 1-1-85

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"/> Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name
and address of previous owner

THIS WELL HAS BEEN PLACED IN THE
CONSERVATION BELOW. IF YOU DO NOT
WANT IT THIS WAY.

II. DESCRIPTION OF WELL AND LEASE

Lease Name Buffalo Hump	Well No. 8	Pool Name, including Formation Comanche Stateline Tansil Yates	Kind of Lease State, Federal or Fee	Fee	Lease No. NA
Location Unit Letter L ; 660 Feet From The West Line and 1980 Feet From The South Line of Section 27 Township 26-S Range 36-E , 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"/>	Address (Give address to which approved copy of this form is to be sent)					
Basin, Inc.	P. O. Box 2297, Midland, Texas 79702					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	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, Texas 79978					
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 27	Twp. 26-S	Rge. 36-E	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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
Date Spudded 11-6-80	Date Compl. Ready to Prod. 12-5-80	Total Depth 3606	P.B.T.D. 3601					
Elevations (DF, RAS, RT, GR, etc.) 2902' GL	Name of Producing Formation Tansil Yates	Top Oil/Gas Pay 3210	Tubing Depth 3160					
Perforations 3210-3416	Depth Casing Shoe 3606							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	8-5/8"	1431'	1125 HLW & C					
7-7/8"	5-1/2"	3606'	550 C					
	2-3/8"	3160'						

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 12-3-80	Date of Test 12-5-80	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 23 hrs	Tubing Pressure NA	Casing Pressure 250	Choke Size 18/64"
Actual Prod. During Test	Oil-Bbls. 110	Water-Bbls. 93	Gas-MCF 114

GAS WELL

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

2. B. Stutz
(Signature)

Production Manager
(Title)

1/16/81
(Date)

OIL CONSERVATION COMMISSION

APPROVED 12-13-1981, 19

BY [Signature]

TITLE [Signature]

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.