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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

ILLEGIBLE

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: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Other (Please explain) <b>CASINGHEAD GAS MUST NOT BE FLARED AFTER 12/1/78 UNLESS AN EXCEPTION TO R-4076 IS OBTAINED.</b>
Change In Ownership <input type="checkbox"/>	

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Sitting Bull	Well No. 1	Pool Name, including Formation Undesignated Yates	Kind of Lease State, Federal or Fee State	Lease No. L 1593
Location Unit Letter M, 660 Feet From The West Line and 660 Feet From The South Line of Section 32 Township 25-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"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3119, Midland, Texas 79701
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. Rge. M 32 25-S 36-E
Is gas actually connected?	When No Pending Contract

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>		
Date Spudded 7/16/78	Date Compl. Ready to Prod. 10/6/78	Total Depth 3379	P.B.T.D. 3275
Elevations (DF, RKB, RT, GR, etc.) GR = 3007.80	Name of Producing Formation Yates	Top Oil/Gas Pay 3152	Tubing Depth 3088
Perforations 3191-3255	Depth Casing Shoe 3280		
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE 12 1/4" 7 7/8"	CASING & TUBING SIZE 8 5/8" 5 1/2" 2 3/8"	DEPTH SET 1403 3280	SACKS CEMENT 350 HLW & 400 "C" 450 "C"

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 8/12/78	Date of Test 10/10/78	Producing Method (Flow, pump, gas lift, etc.) pump	
Length of Test 24	Tubing Pressure -----	Casing Pressure -----	Choke Size -----
Actual Prod. During Test	Oil - Bbls. 13	Water - Bbls. 6	Gas - MCF 29

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.

*J. B. Smith*  
(Signature)

Production Engineer  
(Title)

10/12/78  
(Date)

OIL CONSERVATION COMMISSION

APPROVED OCT 17 1978

BY *[Signature]*  
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.