

FILE

U.S.G.S.

LAND OFFICE

TRANSPORTER

OIL
GAS

OPERATOR

PRODUCTION OFFICE

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator

GMW Corp.

Address

675 Empire Plaza, Midland, Texas 79701-4289

Reason(s) for filing (Check proper box)

New Well

Recompletion

Change in Ownership

Change in Transporter of:

Oil

Crudehead Gas

Dry Gas

Condensate

Other (Please explain)

Change in operator name & mailing address

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name

Sitting Bull "A"

Well No.

1

Pool Name, Including Formation

Sioux Yates

Kind of Lease

State, Federal or Fee

State

Lease No.

L1104

Location

Unit Letter

E

1980

Feet From The

North

Line and

660

Feet From The

West

Line of Section

32

Township

25S

Range

36E

NMPM,

Lea

County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil

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 Crudehead 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.

32

Twp.

25S

Rge.

36E

Is gas actually connected?

Yes

When

6-5-79

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

COMPLETION DATA

Designate Type of Completion - (X)

Oil Well

Gas Well

New Well

Workover

Deepen

Plug Back

Stim. Res'v.

Emul. Res'v.

Date Spudded

Date Compl. Ready to Prod.

Total Depth

P.B.T.D.

Elevations (DF, RAB, RT, CR, 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

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of lost oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Oil Well

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

Lbbs. Condensate/MCF

Gravity of Condensate

Testing Method (flow, back pr.)

Tubing Pressure (Shut-in)

Casing Pressure (Shut-in)

Choke Size

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

(Signature)

Production Manager

(Title)

May 11, 1982

(Date)

OIL CONSERVATION COMMISSION

APPROVED

JUL 20 1982

, 19

BY

Orig. Signed 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 production tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowables to be computed and accepted.

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.

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MAY 25 1982

O.C.P.
HOBBS OFFICE

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TRANSPORTER	OIL	
	GAS	
OPERATOR		
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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 Gifford, Mitchell & Wisenbaker	
Address 1280 Midland National Bank Tower, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change In Transporter of:
Recompletion <input type="checkbox"/>	Oil <input checked="" 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

DESCRIPTION OF WELL AND LEASE

Lease Name Sitting Bull "A"	Well No. 1	Pool Name, including information Sioux, Yates	Kind of Lease State, Federal or Fee State	Lease No. L-1104
Location Unit Letter E ; 1980 Feet From The North Line and 660 Feet From The West Line of Section 32 Township 25-S Range 36-E , NMPM, Lea County				

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 79702					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Co.	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 E	Sec. 32	Twp. 25-S	Rge. 36-E	Is gas actually connected? yes	When 6/5/79

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RAB, 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			

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

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

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. Stiff
(Signature)

Production Engineer
(Title)

December 6, 1979
(Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 10 1979, 19
BY Orig. Signed by
John Runyan
TITLE Geologist

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.

DATE June 13, 1979

ADVICE ON WELLS TIED INTO GAS GATHERING SYSTEMS

Name of Producer	Gifford, Mitchell & Wisenbaker (4507)
Well Name and Number	Sitting Bull "A" #1
Location	1980'N, 660'W, Sec. 32, T-25-S, R-36-E, Lea Co., NM
Pool Name	Sioux Yates
Producing Formation	Yates
Top of Gas Pay	3,165'
Oil or Gas Well	Oil
Gas Unit Allocation	40 Acres
Date Tied Into Gathering Systems	June 4, 1979
Date of First Delivery	June 5, 1979
Gas Gathering System	Lea Co. Low Pressure Gathering System (16" Calif. "B" line)
Processed through Gasoline Plant (yes or no)	Yes
Station Number	68-081-01
Remarks:	Site Code: 26876-3-01

By: Travis Elliott, Dispatching

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JUN 15 1979

OIL CONSERVATION COMM.
HOBBS, N. M.