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Appropriate District Office
DISTRICT 1
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State of New Mexico Energy, Minerals and Natural Resources Department

DISTRICT II
P.O. Drawer DD, Artesia, NM \$8210

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aziec,

Operator

REQUEST FOR ALLOWABLE AND AUTHORIZATION	
TO TRANSPORT OIL AND NATURAL GAS	
Well API	
THE WISER OIL COMPANY	3002501385 /
8115 PRESTON ROAD - Suite 400 - DALLAS, TX 75225 proper box)	
Change in Transporter of: Oil Dry Gas EFFECTIV	E 9-15 -92
Casinghead Gas Condensais	

<u> </u>	·····	0111 00	MII AM	<u> </u>				500	72301303	V	
Address 8	115 PRES	TON ROA	AD - :	Suite	400 - DAI	LLAS, T	75225	· · · · · · · · · · · · · · · · · · ·			
Reason(s) for Filing (Check proper be						et (Please expl		, —			
New Well	-,	Change is	a Transac	~~~ ~£.		a (riesse expi	aun j				
Recompletion	Oil	Change	Dry G	_			EFFECT	TIVE 9-1	.5-92		
Change in Operator			Conde								
If change of operator give some	Casinghe										
and address of previous operator			ATION	& PRC	D. CO	P.O. BOX	(8850 -	- MIDLAN	D, TX 79) 708–8850	
IL DESCRIPTION OF WE	LL AND LE		T				 +				
Phillips Feder	ra 1	Well No.			ding Formation	C A - J	Kind	of Lease Federal on Fe	L	ease No.	
Location	. 41		Mai	Jamar	Grayburg	SanAndre	es see,	Federal or Fe	ieral 3	0-801	
Unit LetterA	:	660	_ Feet Fr	rom The _	North Line	<u>660</u>). Fe	et From The	East	t Line	
Section 33 Tow	nship	17S	Range		33E , N	мрм,	Le	a		County	
III. DESIGNATION OF TR	ANSPORTI	FR OF O	II. AN	D NAT	IIDAT GAS						
Name of Authorized Transporter of C	X X	or Conde				e address to wi	hick approved	copy of this	form is so be se	ent)	
Texas New Mexi	ico Pipel	ine Cor	mpany		1	Box 2528					
Name of Authorized Transporter of C	azinghead Gas	X	or Dry			e address to wi					
GPM Gas Corp.			_						TX 79765		
If well produces oil or liquids,	Unit	Sec.	Twp	Re	e. la gas actuall		When				
give location of tanks.	i A	33	17	1 33		•	i		5-67		
If this production is commingled with	that from any or	her lease or	pool, giv	ve commin	gling order numb	ber:					
IV. COMPLETION DATA						C=-		······	√ " · · · · · · · · · · · · · · · · · · ·		
Designate Type of Complet	ion - (X)	Oil Well	1 (Gas Well	New Well	Workover	Deepea	Piug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Corr	pl. Ready to	o Prod.		Total Depth		<u> </u>	P.B.T.D.		.J	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas I	S v					
Trails of Producing committee						-,		Tubing Depth			
Perforations								Depth Casic	ig Shoe		
									•	•	
		TUBING,	CASI	NG ANI	CEMENTI	NG RECOR	D				
HOLE SIZE	CA	ISING & TI	UBING S	SIZE		DEPTH SET			SACKS CEM	ENT	
V. TEST DATA AND REQU											
OIL WELL (Test must be aft	er recovery of t	otal volume	of load a	oil and mu	st be equal to or	exceed top allo	wable for this	depth or be	for full 24 hou	rs.)	
Date First New Oil Rua To Tank	Date of Te	e at			Producing Me	thod (Flow, pu	mp, gas lift, e	tc.)			
Length of Test	7.1:				Casing Pressu			Choke Size			
	Tubing Pro	CESUIE			Coming Friends	TE.		Choice Size			
chial Prod. During Test Oil - Bbls.			Water - Bbla			Gas- MCF					
							··				
GAS WELL											
Actual Prod. Test - MCF/D	Leagth of	Length of Test				nte/MMCF		Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressu	m (Street)		Choke Size			
		rooms Licenie (2014-12)				(o.u-u)		Circus Sus			
VI. OPERATOR CERTIF	ICATE OF	COMP	TIAN	ICE				•			
				ICD	C	DIL CON	SERV	MOITA	DIVISIO	N	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OIL CONSERVATION DIVISION NOV 0 3 92						
is true and complete to the best of	ny knowledge a	ad belief.						17	Or no ,		
().n \n	()	1			Date	Approve					
\ < collecto	1. 740	فكالما	1		-						
Signature			$\overline{}$		By_						
RICHARD STARKEY - SECRETARY					ORIGINAL SIGNED BY JERRY SEXTON						
Printed Name	000 01		Title		Title.		TRICT I SU				
September 15, 1	992 21	L4-265-	-0080		11						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.

Telephone No.

- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.