

## OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator <b>THE WISER OIL COMPANY</b>		Well API No. 3002501507 ✓
Address 8115 PRESTON ROAD, SUITE 400, DALLAS, TX 75225		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change In Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> CHANGE IN OPERATOR EFFECTIVE 8/1/92 Change In Operator <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator QUALITY PRODUCTION CORP., PO BOX 250, HOBBS NM 88241		

### II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>MAL GRA UNIT PLM</b>	Well No. 12	Pool Name, including Formation <b>MALJAMAR GRAYBURG ANDRES</b>	Kind of Lease State, <b>DEMURDER</b>	Lease No. B-2148
Location Unit Letter <b>F</b> , <b>1980</b> Feet From The <b>North</b> Line and <b>1980</b> Feet From The <b>West</b> Line Section <b>21</b> Township <b>17S</b> Range <b>33E</b> , <b>NMPM</b> , <b>Lea</b> County				

### III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <b>WATER INJECTION WELL</b>	Address (Give address to which approved copy of this form is to be sent)	
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.
	In gas actually connected? When?	

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	Same Rec'd	Diff Rec'd
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 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 Tank	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

### VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature Perry L. Hughes Agent  
Printed Name Perry L. Hughes Title  
Date 12/31/92 Telephone No. 505-748-3352

### OIL CONSERVATION DIVISION

Date Approved JAN - 5 1993

By ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT SUPERVISOR

Title \_\_\_\_\_