Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbe, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS
THE WISER OIL COMPANY

Operator	TO THATOI OTT OLE AND THAT CANO							Well API No.			
Address	THE WISER OIL COMPANY						L	3002501530			
8115 PRESTON ROAD - Suite 400 - DALLAS, TX 75225											
Reason(s) for Filing (Check proper box) Change in Transporter of: Change in Transporter of: FERECTIVE 9-15-92											
Recompletion	Oil Dry Gas C										
Change in Operator X	Casinghea	d Gas 🗌	Conde	asste 🗌				 			
If change of operator give name PENNZOIL EXPLORATION & PROD. CO P.O. BOX 8850 - MIDLAND, TX 79708-8850											
IL DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease No.										an Na	
Phillips State					rayburg	Sunc,	Kind of Lease State, Federal or Fee St		≈≈ No. -2229		
Location											
Unit Letter F	: 2310 Feet From The North Line and 1980 Feet From The West Line								Line		
Section 28 Township 17 S Range 33 E , NMPM, Lea County											
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS											
Name of Authorized Transporter of Oil or Condensate					WINTED (OW	Address (Give address to which approved copy of this form is to be sent)					
						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.	is gas actually	Is 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		Oil Well	ij	Gas Well	New Well	Workover	Deepes	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion - Data Spudded		pl. Ready W	o Prod		Total Depth		I	P.B.T.D.	1	1	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas 1	Top Oil/Gas Pay			Tubing Depth		
Perforations					L	Depth Casing Shoe					
UN E RITE	TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE					NG RECOR DEPTH SET	ע	SACKS CEMENT			
HALE SIZE	ONDING E FOUND OLL				Jul 111 Oct			CASIO SEMENI			
	<u> </u>		 					 		·	
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 Rua To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.)											
					Contract			Choke Size			
Length of Test	Tubing Pressure				Casing Pressure						
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.	Water - Bbls.			Gas- MCF		
GAS WELL											
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensals			
Testing Method (pitot, 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						OIL CONSERVATION DIVISION					
is true and complete to the best of my incordedge and belief.					Date	Date ApprovedNOV 0 3 '92				92	
Signature					By_	By ORIGINAL MENED BY JERRY SEXTON					
RICHARD STARKEY - SECRETARY Printed Name Title					Title)	DISTR	CT I SUPE	RVISOR		
September 15, 1992 214-265-0080 Date Telephone No.										7	

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.
- 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.