

**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

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

I. Operator **The Wiser Oil Company**

Address **P.O. Box 2467 Hobbs, New Mexico 88240**

Reason(s) for filing (Check proper box)

New Well <input checked="" type="checkbox"/>	Change in Transporter of:	Other (Please explain)
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Request for Allowable
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	
	Dry Gas <input type="checkbox"/>	
	Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

R-6876 1-1-82

Lease Name McQuatters	Well No. 4	Pool Name, including Formation Oil Center Glorietta	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter G	1650 Feet From The North Line and 2310 Feet From The East			
Line of Section 11	Township 21S	Range 36E	, NMPM, Lea County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

SCURLOCK PERMIAN CORP EFF 9-1-91

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
The Permian Corporation	P.O. Box 1183 Houston, Tex. 77001					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Phillips Petroleum Company	4001 Penbrook Odessa, Tex. 79762					
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 11	Twp. 21S	Range 36E	Is gas naturally connected? Yes	When 5-9-80

If this production is commingled with that from any other lease or pool, give commingling order number: **PC-596**

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 7-2-80	Date Compl. Ready to Prod. 9-8-80	Total Depth 6940	P.B.T.D. Mod. "D" @ 6507					
Elevations (DF, RKB, RT, GR, etc.) 3549.1 Ground	Name of Producing Formation Oil Center Glorietta	Top Oil/Gas Pay 5209	Tubing Depth 5191					
Perforations 48 holes from 5209 to 5298						Depth Casing Shoe 6900		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/2	13-3/8	1225	800 SX					
12-1/4	9-5/8	4850	3000 SX					
8-1/2	7	6940	475 SX					

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 11-5-80	Date of Test 11-5-80	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure 25#	Casing Pressure 40#	Choke Size Open
Actual Prod. During Test 83 bbls	Oil-Bbls. 18	Water-Bbls. 65	Gas-MCF 120

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	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.

B. A. Singletary
(Signature)

District Supt.
(Title)

12-26-80

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY *Jerry L. ...*
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 allow...