State of New Mexico

Form C-104

Title

Date

JUN 0 8 1994

Revised February 10, 1994 District ! PO Box 1980, Hobbs, NM 28241-1980 Instructions on back District II Submit to Appropriate District Office OIL CONSERVATION DIVISION PO Drawer DD, Artesia, NM 88211-0719 5 Copies PO Box 2088 Santa Fe, NM 87504-2088 District III 1000 Rlo Brazos Rd., Aztec, NM 87410 ■ AMENDED REPORT District IV REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT PO Box 2068, Santa Fe, NM 87504-2088 OGRID Number Operator name and Address 022992 DZZ9ZZ THE WISER OIL COMPANY Resson for Filing Code 207 W MCKAY 18 #9 Change Well Name CARLSBAD NM 88220 Pool Name 43329 API Number Maljamar Grayburg San Andres 30 - 0 25-24242 ' Well Number 1 Property Name Property Code 148 Caprock Maljamar Unit 14578 10 Surface Location County 11. North/South Line | Feet from the East/West Las Lot.ldn Feet from the Township Range Ul or lot no. Section West Lea 1411 1295 South 33E 178 18 11 Bottom Hole Location County Feet from the East/West Sac North/South line Feet from the Lot Idn Township Range Section UL or lot no. 1411 West Lea South 1295 33E 18 **17S** Ν " C-129 Expiration Date " C-129 Effective Date 15 C-129 Permit Number 14 Gas Connection Date 13 Producing Method Code 11 Lae Code S III. Oil and Gas Transporters " POD ULSTR Location 11 O/G " POD "Transporter Name Transporter and Description and Address OGRID O 2637710 Texas New Mexico Pipeline 022628 H 18 17S 33E PO Box 2528 Hobbs, NM 88241-2528 G 2637730 GPM Gas Corp. 009171 H 18 17S 33E 4044 Penbrook Odessa, TX 79762 IV. Produced Water 14 POD ULSTR Location and Description POD H 18 17S 33E 2637750 Well Completion Data 19 Perforations " PBTD " TD 14 Ready Date B Spud Date " Sacks Cement 12 Depth Set 11 Casing & Tubing Size " Hole Size VI. Well Test Data M Cog. Pressure H The Pressure " Test Length " Test Date 16 Gas Delivery Date Date New Oil " Test Method 4 AOF 4 Cas 4 Waler " Oil " Choke Size " I hereby certify marthe rules of the Oil Conservation Division have been complied OIL CONSERVATION DIVISION, information given above is true and complete to the best of my

Approved by:

Approval Date:

Printed Name

with and that the

knowledge and

Printed name:

Signature:

Title:

Date:

elief.

PERRY

Previous Operator Signature

AGENT

HUGHES

" If this is a change of operator fill in the OGRID number and name of the previous operator

Phone: 505/885-5433

