Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, 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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWARI F AND AUTHORIZATION

ſ.	T			ORT OIL	AND NATU	RAL GA						
Operator THE WISER OIL COMPAN'		Well API No.										
Address		3+5' F=	.11~	TV 7	5201							
700 Petroleum Buildin	ng, wich	ita ra	uis,	, IX /	5301 Other (/	lease explai	n)					
Reason(s) for Filing (Check proper box) New Well	(Change in [Transpo	riter of:		-		. FDOM B	EDMIAN T	o chron		
Recompletion							CHANGE TRANSPORTER FROM PERMIAN TO ENRON EFFECTIVE 12-1-90.					
Change in Operator	Casinghead		Conder	 -3	EFFE	CITVE	.2-1-90.					
If change of operator give name												
and address of previous operator												
II. DESCRIPTION OF WELL		SE	D1 N	In also di	ng Formation Eu	mont Va	tockind.	of Leace	ie	ase No.		
Lease Name State SPX		Well No.			vers Queen		State,	FEAFAKAKA				
Location A				27011 111	vers queen				سر			
Unit Letter	_:16	50	Feet Fr	rom The	✓ Line an	d 1650	Fe	et From The		Line		
Section 33 Townshi	p 20 S)	Range	36	, NMPI	м,	Lea			County		
HI DECICMATION OF TRAN	ICDOD###	HOF OI	I.AN	ID NATH	RAL GAS							
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	rXX1 : :			1 . 1	RAL GAS Address (Give ac	idress to whi	ch approved	copy of this f	orm is to be se	กา)		
ENRON	Eff	ective	1-1-	93 '_	P. O. Box	2297,	Midland	i, TX 7	9702			
Name of Authorized Transporter of Casin	Address (Give address to which approved copy of this form is to be sent) Bartlesviffective: Hobrusty 1, 1992											
Name of Authorized Transporter of Casinghead Gas XX or Dry Gas PHILLIPS 66 NATURAL GPM Gas Corporation												
If well produces oil or liquids, give location of tanks.	Unit ;		Twp. 20S	Rge. 36E	is gas actually co	onnected?	When	? ablished	1 10250			
If this production is commingled with that	from any othe	33				No	IESU	in i i silec	rease			
IV. COMPLETION DATA	HOIH ally Oule	i icase or p	coi, gi	ve comming.	ing order hamber.							
Designate Type of Completion	- (X)	Oil Well		Gas Well	New Well V	/orkover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.					
•					The Silver bear							
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth				
Perforations								Depth Casii	ng Shoe			
		IBING.	CASI	NG AND	CEMENTING	RECORI	_ 	1				
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
								-				
V. TEST DATA AND REQUES	ST FOD A	LLOWA	RLE					J				
V. TEST DATA AND REQUES OIL WELL (Test must be after t	secovery of tol	al volume o	of load	oil and must	be equal to or exc	eed top allo	wable for thi	s depth or be	for full 24 how	rs.)		
Date First New Oil Run To Tank	Date of Test		7		Producing Metho	d (Flow, pw	np, gas lift, e	tc.)				
								Choke Size				
Length of Test	Tubing Pres	Tubing Pressure			Casing Pressure			Choke Size				
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF				
	1											
GAS WELL	I anoth of 7	ect			Bbls. Condensate	e/MMCF		Gravity of	Condensate			
Actual Prod. Test - MCF/D Length of Test								-				
Testing Method (pitot, back pr.)	Tubing Pres	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	LATE OF	COMP	LIA	NCE			OEDV	ATION!	חואוטוכ	NI		
I hereby certify that the rules and regu	lations of the	Oil Conser	vation			L CON	OEHV.		DIVISIO	,		
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date Approved							
is true and complete to the best of my	knowledge an	u venel.			Date A	pprove	d	130 P 15				
lex dh.	201)								100000000000000000000000000000000000000	man o ha Ma		
Signature (177)	5				By	Çi		Korned by Their I sem	JERRY SEX	TOM		
Susan Hopper			gent									
Printed Name		817-	723-	6552	Title_							
12-7-90		Tolo	phone l	No.	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
- 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. alle whatalanasa utilities as it is ... it

7/18 NGBS 2009