NO. OF COPIES RECE	EIVED	i	
DISTRIBUTIO	ON		
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
THANGE ON EN	GAS		
OPERATOR			

DISTRIBUTION SANTA FE		•			NSERVATION CO		Form C-104 Supersedes (Effective 1-	Old C-104 and C
FILE U.S.G.S.	+	ALITUOD	17471051	TO TO 41	AND	n Matrin 11 - 1		03
LAND OFFICE		AUTHUK	IZATION	I O IKA	ISPORT OIL AN	U NATUKAL (JA3	
TRANSPORTER GAS								
OPERATOR	+ + -							
PRORATION OFFICE								·
The Wiser Oil	Compar	ny forme	rly So	outher	n Petroleum	Explora	tion, Inc.	
Box 1434, Ros		New Mexi	.co 88	8201		Same		
Reason(s) for filing (Check	proper box)			,			me change d	
New We!l Recompletion Change in Ownership		Change in T Oil Casinghead		Dry Gas Condens	into d		troleum Exp t company "	
If change of ownership given and address of previous or								
I. DESCRIPTION OF WEI	LL AND LE							
State K		Well No. Po		ncluding For roo-Sai	n Andres	Kind of Leas State, Federa	0	K-267
Location	660	F F 7	Sout	th	660	Foot Page 1	West	
Unit Letter	- <i>i</i>	Feet From 1		Line	33-E	Feet From R	oosevelt	
Line of Section	Towns	,		Range	, NM	гм,		County
Name of Authorized Transport Mobil Pipeline	orter of Oil 🔼	or Conc	ND NATU iensate				ved copy of this form i	
Name of Authorized Transpo	011 C	ompany	or Dry Go		Bartlesvil	lle, Okla		
If well produces oil or liquid give location of tanks.	is, U	E Sec.	7-S	33-E	Is gas actually conn Yes		eptember 1.	1966
V. COMPLETION DATA Designate Type of C		Oil			New Well Workov		Plug Back Same F	Resty. Diff. Res
Date Spudded	D	ate Compl. Rea	dy to Prod.		Total Depth		P.B.T.D.	
Elevations (DF, RKB, RT, (GR, etc.; N	ame of Producin	ng Formatio	n	Top Oil/Gas Pay		Tubing Depth	
Perforations							Depth Casing Shoe	
					CEMENTING REC		· · · · · · · · · · · · · · · · · · ·	
HOLE SIZE		CASING &	TUBING	SIZE	DEPTH	SET	SACKS C	EMENT
/. TEST DATA AND REQ	UEST FOR	ALLOWABI			er recovery of total v th or be for full 24 ha		and must be equal to a	r exceed top all
OIL WELL Date First New Oil Run To	Tanks D	ate of Test		70 01111 401	Producing Method (F		ft, etc.)	
Length of Test	т	ubing Pressure			Casing Pressure		Choke Size	
Actual Prod. During Test	0	il-Bbls.			Water - Bbls.		Gas-MCF	
GAS WELL				I				
Actual Prod. Test-MCF/D	L	ength of Test			Bbls. Condensate/M	MCF	Gravity of Condense	xt●
Testing Method (pitot, back	pr.) T	Tubing Pressure (Shut-in))	Casing Pressure (Shut-in)		Choke Size	
I. CERTIFICATE OF CO	MPLIANCE				011	- CAPERY	TION COMMISSI	ON
I hereby certify that the r Commission have been c	omplied with	and that the	e informati	ion given il	APPROVED			_, 19
Commission have been c above is true and comple	ete to the bo	est of my kno	wledge an	d belief.	1 /_	NAME OF COR	DISTRICT	
		_			TATKE	to be filed to	compliance with RU	LE 1104.
Marriot Manage					TS abia ia a s	request for allos	vable for a newly dr	illed or deeper
District Manage	(Signatur	e)			well, this form metasts taken on the	nust be accompa he well in acco	inied by a tabulation reance with RULE	of the devia:
DIOCITOR	(Title)				All sections	of this form mu	st be filled out com	pletely for all
April 7. 1971				sble on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of own				

(Date)

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply