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SANTA FE			
FILE			
u.s.g.s.			
LAND OFFICE			
IRANSPORTER	OIL		
TRANSFORTER	GAS		
OPERATOR			
PRORATION OF			

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

	TRANSPORTER GAS  OPERATOR	-							
1.	PRORATION OFFICE Operator		······			<b></b>			
	The Wiser Oil Comp	eny forme	rly Souther	rn Petroleum	Exploration,	ine.			
	Bex 1434, Roswell	New Mexi	.co 88201		Same				
	Reason(s) for filing (Check proper box	n(s) for filing (Check proper box)				Other (Please explain) name change due to merger with Petroleum Exploration			
	New We!1	Change in T	ransporter of:  Dry Go	into o	ur parent com	pany "I	he Wiser		
	Change in Ownership	Casinghead	Gas Conde	r.sate Oil Co	mpany"				
	If change of ownership give name and address of previous owner								
II.	DESCRIPTION OF WELL AND	LEASE	goi Name, including F	Cormation	Kind of Lease		I egge No.		
	State I	1	Chaveroo-S	an Andres	State, Federal or Fee		K-2573		
	Unit LetterD 661	Peet From	The North Lin	ne and	Feet From The	iest			
	Line of Section To	wnship 8-S	Range	33-E , NME	Chaves		County		
III.	DESIGNATION OF TRANSPOR	l 🍱 or Cons	ND NATURAL GA	Address (Give addres	s to which approved copy of		o be sent)		
	Mobil Pipeline Com	singhead Gas	or Dry Gas	Address (Give addres	s to which approved copy of the Oklahoma	of this form is t	o be sent)		
	Cities Service 011	Company Tunit Sec.	Twp. Ege.	Is gas actually conne	cted? When				
	If well produces oil or liquids, give location of tanks.	D 4	8-S 33-E			aber 1,	1966		
IV.	If this production is commingled wincompletion DATA		other lease or pool,	give commingling ord		nck   Same Res	iv. Diff. Restv.		
	Designate Type of Completi					t L			
	Date Spudded	Date Compl. Red	dy to Frod.	Total Depth	P.B.T.	D.			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Product	ng Formation	Top CII/Gas Pay	Tubing	Depth			
	Perforations			Depth Casing Shoe					
		TU	BING, CASING, AN	D CEMENTING REC					
	HOLE SIZE CASING & TUBING SIZE		DEPTH	SET	SACKS CEMENT				
						<del></del>			
V.	TEST DATA AND REQUEST F	OR ALLOWAB	LE (Tes: must be	after recovery of total ve	olume of load oil and must	be equal to or	exceed top allow-		
	OIL WELL Date First New Oil Run To Tanks	Date of Test	able for this d	epth or be for full 24 ho Producing Method (F.	low, pump, gas lift, etc.)	<del></del>			
					Choke	Siza	· · · · · · · · · · · · · · · · · · ·		
	Length of Test	Tubing Pressure	•	Casing Pressure	0				
	Actual Prod. During Test	Oil - Bbis.		Water - Bbls.	Gas - M	CF			
	GAS WELL Actual Prod. Tost-MCF/D	Length of Test		Bbls. Condensate/Mi	MCF Gravit	y of Condensate	<del></del>		
			(m. 1 m.)	Casing Pressure (Sh	mt-in) Choke	Size			
	Testing Method (pitot, back pr.)	Tubing Pressure	(Sunt-in)						
VI.	. CERTIFICATE OF COMPLIANCE								
	a	hereby certify that the rules and regulations of the Oil Conservation mmission have been complied with and that the information given							
	above is true and complete to the best of my knowledge and beli			STATES VISOR DIST					
			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 allowable.						
	District Manager (Signature)								
	77	`itle)		hie on new and	tecombisted Marra-				
	April 7, 1971 (Date)			well name or num	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 well name or number. Callot must be filed for each pool in multiple				

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

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APR C 1971 OIL CLASSEDMATICH COMM. ADDRES, N. M.