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

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

	LAND OFFICE													
	IRANSPORTER	OIL												
	00504700	GAS												
_	PROPATION OF	FICE												
I.	Operator			_										
	The Wiser	011 (Compa	ny f	OLHOI	cly So	uther	n Petr	oleum	Explor	stron,	ine.		
	Address Box 1434.	Pome	.11	Nas	Mari s	88 00	201			Same				
				7144				· · · · · · · · · · · · · · · · · · ·	Oshan (Blazz		name ch	-866 1	14 PA	
	Reason(s) for filing ((Check pro	per ooxj	Cho	ange in Tr	ansporter o	of:						loration	
	Recompletion	Ħ		Oil	•		Dry Ga						The Wiser	
	Change in Ownership				singhead (Gas 🗍	Conden	sate 🗍	Oli Co	EDARY"	one com	ham		
l														
	If change of owners and address of prev	vious own	er											
II.	Lease Name	F WELL	AND L				ncluding Fo	ormation n Andr		Kind of Le	eral or Fee S	tate	k-2573	
	State I					of im a gr				State, Fea				
	Unit Letter	;	198	0 Fe	et From T	Nort	: h	6 bnb e	60	Feet Fro	•	est		
	Line of Section	4	Town	nship	8-9	3 F	Range	33-E	, NMPI	м,	Chav	e 5	County	
									-	-				
III.	DESIGNATION O	F TRAN	SPORT	ER OF		ND NATU		S Address (Give address	to which an	proved copy of	this does is	to be sent!	
	Mobil Pip	eline	Comp	any	of Collar	ensure		Box	900, D	allas,	proved copy of	75221	•	
	Name of Authorized		_	_	Gas F	or Dry Go	ıs [Ti	Address (C	Give address	to which ap	goved copy of	this form is	to be sent)	
	Cities Se	Comp	any			Address (Give address to which approved copy of this form is to be see Bartlesville, Oklahoma 4003) 				
	If well produces oil			Unit	Sec.	8-S	33-E	Is gas act	ually connec	ted?	Septen	ber 1,	1966	
	give location of tank						<u> </u>			<u></u>		one		
	If this production is		gled with	that fr	om any o	ther lease	or pool,	give commi	ingling orde	r number:		<u> </u>		
IV.	COMPLETION DA				01.7	Well C	as Well	New Well	Workover	Deepen	Plug Bac	k Same Re	es'v. Diff. Res'v.	
	Designate Typ	pe of Cor	npletior	1 - (X)	i	1			1	-	1		<u> </u>	
	Date Spudded			Date Compl. Ready to Prod.				Total Depth			P.B.T.D.			
Ì														
	Elevations (DF, RKE	B, RT, GR	etc.;	Name of	Producin	g Formatic	n	Top Oil/G	as Pay		Tubing D	epth		
											Do-4h Ca	Depth Casing Shoe		
	Perforations										Depth Cd	sing Snoe		
					TUD	UNC CAS	INC AND	CEMENT	ING RECO					
	HOLE		1			TUBING		CEMENT	DEPTH S			SACKS CE	MENT	
	HOLE	3120	+											
				,										
	· <u> </u>													
			i					<u>.</u>				·-		
v.	TEST DATA ANI	D REQUI	EST FO	R ALL	OWABL	E (Test	must be a	iter recovery	of total vol	ume of load	oil and must be	equal to or	exceed top allow	
	OIL WELL Date First New Oil !			Date of Test				pth or be for full 24 hours) Producing Method (Flow, pump, gas lift, etc.)						
	Date First New Oil	Hun 10 14	iik s	Date Ci										
	Length of Test			Tubing Pressure			Casing Pressure			Choke Si	Choke Size			
	Faudin At 1 ast		}											
	Actual Prod. During	Test		Oil-Bbls.				Water - Bbls.			Gas-MCF			
	GAS WELL							1 =			T 2	4 Canada	<u> </u>	
	Actual Prod. Test-MCF/D Length of Test						Bbls. Con	densate/MM0).F	Gravity o	of Condensat	τ ●		
				The December 15				Casing Pressure (Shut-in)			Choke Size			
	Testing Method (pite	ot, back or	., !	Tubing Pressure (Shut-in)						,	CHORA SIE			

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.

District Manager

April 7, 1971

(Title)

(Date)

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.

OIL CONSERVATION COMMISSION

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

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APR 0 1971

OIL CUNGERNATION COMM.