40. OF COPIES REC	EIVED		
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR		<u> </u>	
			I

NEW MEXICO OIL CONSERVATION COMMISSION

Ì	SANTA FE	T .	FOR ALLOWABL		-	ld C-104 and C-11		
	FILE		AND		Effective 1-1-	65		
	U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL ANI	D NATURAL GAS				
	LAND OFFICE							
Ì	TRANSPORTER OIL GAS			,				
Ì	OPERATOR							
1.	PRORATION OFFICE							
	Operator				T			
- 1	The Wiser Oil Comp	any formerly Southe	rn Petroleum	1 Exbroracron	· Inc.			
	Box 1434, Roswell,	New Mexico 88201		Same				
ŀ	Reason(s) for filing (Check proper box,		Other (Ple	ase explain) name C	hange du	e to		
Ì	New Well	Change in Transporter of:		r with Petrol				
	Recompletion	OII Dry G	into a	our parent co	apany "T	he Wiser		
l	Change in Ownership	Casinghead Gas Cond		mpany"				
	If change of ownership give name and address of previous owner DESCRIPTION OF WELL AND	LEASE						
	Lease Name State I	Well No. Pool Name, Including Chaveroo-S		Kind of Lease State, Federal or Fee	State	K-2573		
	Location	O Caraba	1980		West			
	Unit Letter K 198	O Feet From The South	ine and	Feet From The				
	Line of Section 4 Tov	vnship 8-S Range	33-E , NM	PM, Cha	Y08	County		
	DESIGNATION OF TRANSPORT	FER OF OIL AND NATURAL G	AS					
	Name of Authorized Transporter of Oil	or Condensate	Address (Give addre	ss to which approved copy		to be sent)		
	Mobil Pipeline Com	pany	Box 900, Address (Give addre	Dallas, Texas	75221 y of this form is	to be sent)		
	Cities Service Oil		1	lle, Oklahoma				
		Unit Sec. Twp. Rge.	Is gas actually conn	ected 2 When		260		
	If well produces oil or liquids, give location of tanks.	D 4 8-S 33-E	Yes	Sebe	. 12, 19			
	If this production is commingled with	h that from any other lease or pool	, give commingling or	der number:	ione	<u> </u>		
IV.	COMPLETION DATA	Oi. Well Gas Well	New Well Workov	er Deepen Plug	Back Same Re	es'v. Diff. Res'v.		
	Designate Type of Completic		Total Depth	P.B.1	r.D.	<u></u>		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth					
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top C!1/Gas Pay	Tubir	ng Depth			
	Districtions (B1), Miles, M1, GM, sie.				· ·			
	Perforations			Depth	Casing Shoe			
		TUBING, CASING, AND CEMENTING RECORD						
		CASING & TUBING SIZE	DEPTH	1	SACKS CE	MENT		
	HOLE SIZE	CASING & TUBING SIZE						
								
v	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be	after recovery of total 1	volume of load oil and mus	st be equal to or	exceed top allow		
• •	OIL WELL	abre jo. tata	depth or be for full 24 h	ours) Flow, pump, gas lift, etc.)				
	Date First New Oil Run To Tanks	Date of Test	Producing Method (f	tom's house's Eng soles cont.				
		Tubing Pressure	Casing Pressure	Chok	e Size			
	Length of Test	tannid transma			:=			
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas -	MCF			
	GAS WELL		1200	0.05	the of Condense	<u> </u>		
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/N	IMCF Grav	ity of Condensat			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (S	hut-in) Chok	e Size			
				L CONSERVATION	L COMMISSION			
VI.	CERTIFICATE OF COMPLIAN	CE		150 10 10 10 10 10 10 10 10 10 10 10 10 10	2			
	I hereby certify that the rules and	eagulations of the Oil Conservation	APPROVED_	Arry & 13		., 19		
	I hereby certify that the rules and	teReterrone of me OT Collect Ageno	" II - \/ /	1 1 1	·			

VI.

Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

RC	Lli	<u></u>	
•	•	(Signature)	
District	Manager		

(Date)

April 7, 1971

(Title)

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 on new and recompleted wells.

SUPERVISOR DISTRICT This form is to be filed in compliance with RULE 1104.

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

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GREAT VERTILITIES COMM.