Appropriate District Office DISTRICTI P. O. Box 1980, Hobbs, NM 88240

P. O. Drawer DD, Artesia, NM 88210

1000 Rio Brazos Rd., Aztec, NM 87410

DISTRICT II

DISTRICT III

Energy, Minerals and Natural Resources Dep

Form C-104 Revised 1-1-See Instruction at Bottom of

## OIL CONSERVATION DIVISION

P. O. Box 2088

Santa Fe, New Mexico 87504-2088 REQUEST FOR ALLOWABLE AND AUTHORIZATION

TO TRANSPORT OIL AND NATURAL GAS

I.												
Operator THE WISER C												
THE WISER OIL COMPANY Address										Well API No.	2) to 1:00	
8115 PRESTON ROAD, SUITE 400, DALLAS, TEXAS 75225 Reason (s) for Filling (check proper how)										30 - 025-00491	00481	
B ( out proper be	ox)	, , , , , ,	112/1	3 /3	223		Other (	h. —				
New Well Recompletion	a	ange in Tra	nsporter of	:		Ц,	Ounei (	Please	explain)			
Change in Operator X	Oil	*		гу Ga	• 🗇	i	EFFEC	TIVE 6	/1.002			
If chance of operator give name	Casinghead	Gas	c	onder	sate	•	4110	11450	11/92			
and address of previous operator	Charmer VI											
	Chevron U.S	S.A. Inc., P.	O. Box 11	50, M	lidland, T	79702						
II. DESCRIPTION OF WELL	L AND LEAS											
	Well No. Pool Name, Including Formation									Kind of Lease		
Maljamar Grayburg Unit	47 Maliamer				<u> </u>					State, Federal or Fed	Lease No.	
Location		r Gr	Grayburg SA					Federal	NM-0315713			
Unit Letter O												
Sanzena U	'	0660	Feet Fron	a The	South	Li	ine and	i	1980	Feet From The	<b></b>	
Section 09 Township 178 Pence 2017										reet From the	East Line	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS										Lea	County	
Name of Authorized Transporter of Oil	MSFURIER	OF OIL	AND NA	TU	RAL GA							
i	$\square x$	or Conder	nsate	_	Addı	ress (G	iive ad	dress to	which ap	proved copy of this	Orm is to be sent)	
Texas-New Mexico Pipelien Co.												
Name of Authorized Transporter of Casinghead Gas Copperation Address (Give a									ox 5568, Denver, CO 80217 Idress to which approved copy of this form is to be sent)			
If well produces oil or liquids,	Unit			<u> </u>			AT I CI	Drook,	Udessa,	X 79762	orm is to be sent)	
give location of tanks.	1 1		_ 1	Rge.		actually cor	nnecte	?	When?			
Teal:		` '	, I	3,	<b>₹</b>	Yes						
If this production is commingled with that	from any other le	ase or pool,	give comn	ingli	ng order nu	ımber:			1	Unknown		
IV. COMPLETION DATA												
Designate Type of Completion	n - ( <b>V</b> )	Oil Well	Gas We	11	New Well	Workove	r De	epen	Plugback	Same Res'v	Diff Res'v	
Date Spudded		endu to Dead		-4							Dill Res v	
	Date Compl. Ready to Prod.				Total Depth				P. B. T. E	).	<del></del>	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay				Tubing Depth			
Peforations									raous pebu			
									Depth Casing Shoe			
HOLE SIZE CASING AND CEM						FMENTING BECORD						
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET				SACWO CONTROL			
									SACKS CEMENT			
				$\dashv$								
V. TEST DATA AND REQUES OIL WELL (Test must be ofter r	T FOR ALL	OWABLI	E									
OIL WELL (Test must be after no Date First New Oil Run To Tank	ecovery of total vo	lume of load	d oil and m	ust be	equal to o	r exceed to	p allov	able fo	r this dent	h or he for full 24 b		
	Date of Test			Pı	roducing M	lethod	(Flow	, pump	gas lift, e	(c.)	)ais)	
ength of Test	- -	Casing Pressure				(Galagi						
Tubing Pressure  ctual Prod. During Test  Oil - Role					B 11033	uic .		ľ	Choke Size			
remail rod. During Test	Oil - Bbls.				Water - Bbls.				Gas - MCF			
GAS WELL												
ctual Prod. Test - MCF/D	Length of Test			IDI	Ja Canda	. 00.00						
					Bbls. Condensate/MMCF				Gravity of Condensate			
esting Method (pilot, back press.) Tubing Pressure (Shut - in)					Casing Pressure (Shut - in)				hoke Size			
I. OPERATOR CERTIFICAT	F OF COMP	LYANCE		+								
						<b>~</b> !!						
I hereby certify that the rules and regulations of the Oil Conservation  Division have been complied with and that the information given above					OIL CONSERVATION DIVISION							
us time and complete to the best of my knowledge and belief.					Date Annroyed					) 		
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					Date Approved _							
I TOWNEY, DANKEY					Ву					en kin en en en en		
Signature ATE					.4							
Printed Name					Title					<u> </u>		
	7/1/e - 265-0	040										
4 1992 14- Date		ione No.	_	1								
	تأخنن حصد							L		_		

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 with Rule 111.
- 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.
- 4) Separate Form C 104 must be filed for each pool in multiply completed wells.