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

DISTRICE II P.O. Drawer DD, Anesia, NM 88210

State of New Mexico rgy, Minerals and Natural Resources Depart.

Form C-104 Revised I-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

Santa Fe, New Mexico 87504-2088

| Ŧ | REQUEST F | FOR ALLOW ANSPORT (| | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------|--------------------------------------------|--------------------------------------------------------------------------|----------------|-----------------------|-----------------|---------------------------------------------------|--|
| I. Operator | OIL WAD IN | TOTAL GA | Well A | | | | | | |
| The Wiser Oil | | | | <u> 3(-02</u> | 5-014 | 39 | | | |
| Address 8115 Preston R | Road Suite | 400, Dall | | 75225 | | | | ·· ··································· | |
| Reason(s) for Filing (Check proper box) | ~ · · · | in Tennander of | [] Or | her (Please expla | in) | | | | |
| New Well Recompletion | Change i | in Transporter of: Dry Gas | | | | | | | |
| Change in Operator | Casinghead Gas | Condensate | | | | | | | |
| · | Murphy II. I | Baxter, P | Р О Вох | 2040, Mi | dland, | Texas | 79702 | | |
| II. DESCRIPTION OF WELL | AND LEASE | | | | | | | | |
| Lease Name State 17 | | | | ling Formation Kind of Lease State XXXXXXXXXX I | | | | 23se No. 8 | |
| Location Unit Letter A | . 660 | _ Feet From The | North Li | ne and 660 | O Fe | et From The _ | East | Line | |
| Section 17 Townsh | in 17S | Range 33E | | <u></u> | | Lea | | County | |
| treetien. | | | | | - | | | | |
| Name of Authorized Transporter of Oil | or Cond | | Address (G | ive address to wh | ich approved | copy of this fo | orm is to be se | nt) | |
| Name of Authorized Transporter of Casinghead Gas or Dry Gas | | | | Address (Give address to which approved copy of this form is to be sent) | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit Sec. | Twp. F | Rge. Is gas actua | lly connected? | When | ? | | | |
| If this production is commingled with that | from any other lease o | or pool, give comm | ningling order nur | mber: | | | | | |
| IV. COMPLETION DATA | | | | | | 1 71 71 -1 | 10 | Diff Res'v | |
| Designate Type of Completion | 1 | İ | j | Workover | Deepen | Plug Back | Same Res v | Dat Res v | |
| Date Spudded | Date Compl. Ready | Total Depth | Total Depth | | | P.B.T.D. | | | |
| Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation | | | Top Oil/Ga | Top Oil/Gas Pay | | | Tubing Depth | | |
| Perforations | | | <u></u> | | | Depth Casin | g Shoe | , | |
| | TUBING | G, CASING AI | ND CEMENT | ING RECOR | D | | | | |
| HOLE SIZE | | TUBING SIZE | | DEPTH SET | | | SACKS CEMENT | | |
| | | | | | | | | | |
| | | | | | | - | | | |
| | | | | | | | | | |
| V. TEST DATA AND REQUE OIL WELL (Test must be after | ST FOR ALLOV recovery of total volum | VABLE ne of load oil and i | must be equal to | or exceed top all | owable for thi | s depth or be | for full 24 hou | urs.) | |
| Date First New Oil Run To Tank | Date of Test | Producing 1 | Producing Method (Flow, pump, gas lift, ea | | | <i>(c.)</i> | | | |
| Length of Test | Tubing Pressure | Casing Pres | Casing Pressure | | | Choke Size | | | |
| Actual Prod. During Test | Oil - Bbls. | Water - Bb | Water - Bbls. | | | Gas- MCI: | | | |
| GAS WELL | | | | | | 125 | 51 | | |
| Actual Prod. Test - MCF/D | Length of Test | Bbls. Cond | Bbls. Condensate/MMCF | | | Gravity of Condensate | | | |
| Testing Method (pitot, back pr.) | Tubing Pressure (St | Casing Pre | Casing Pressure (Shut-in) | | | Choke Size | | | |
| VI. OPERATOR CERTIFIC | | | | OIL CON | NSERV | ATION | DIVISIO | NC | |
| I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. | | | | Date Approved JAN 2 6 1993 | | | | | |
| Kerry L. | / Jug Ke | <u> </u> | | | | v jerav sa | EXTON | | |
| Signature Perry H. Hughes Agent | | | | By ORIGINAL SIGNED BY JERRY SEXTON BIGINAL SIGNED BY JERRY SEXTON | | | | | |
| Printed Name 01/19/93 | | Title 18-3352 elephone No. | Tit! | e | | | | · | |
| Date | 1 | ereprione in. | 11 | | | | | | |

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.