District I PO Box 1986, Hobbs, NM 88241-1988

State of New Mexico
Energy, Minerals & Natural Resources Department

Form C-104 Revised February 10, 1994

District II PO Drawer DI District III			PO Box 2088					N	Instructions on bac Submit to Appropriate District Offic 5 Copie				
DO Res 1000 Senta Fe NM 27504-2003											AMENDED REPOR		
I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT													
Operator name and Address THE WISER OIL COMPANY							0229				* OGRID Number 92-D2スタ2ス		
207 W MCKAY							1				Reason for Filing Code		
CARLSBAD NM 88220							Change W				Vell Name		
'API Number 30 - 0 25-01475			^¹ Pool Name Maljamar Grayburg San An						Pool Code 43329				
30 - 0	roperty Code		* Property Name							' Well Number			
1	1578		Caprock Maljamar Unit						80				
		Location		Supression and the supression an									
Ul or lot no.			Range	Lot.ldn	Feet from t	from the North/Sout		th Line Feet from the		East/West line County			
Р	19	178	33E		66	0	South		660	East	Lea		
11	Bottom	Hole Loo	cation	ion									
	UL or lot no. Section Township		Range	-		Feet from the		ine ine	Feet from the	East/West I	ine County		
Р	P 19 17S		33E		660		South		660	East	Lea		
13 Lee Code 13 Producing Method Code 14 Gas Connection Date 15 C-129 Permit Number 16 C-129 Effective Date 17 C-129 Expir										17 C-129 Expiration Date			
s		WIW											
III. Oil a	and Gas	Transpor	rters						·				
Transporter "Transporter Name							D "	O/G	²¹ POD ULSTR Location and Description				
OGRII	0		and Addre		_								
									,				
194 - 1 - N. P				<u> </u>									
					 								
:	- 1												
IV. Produced Water POD ULSTR Location and Description													
	POD					rob o	ES IN LOCALION		pescription				
L							- <u></u>						
V. Well	tion Data			' TD " PBTD			и ратт)		1º Perforations				
1 5	pud Date		14 Ready Date			עו			1010				
			N. C. des B. Takker Plea			" Depth Se			et ³³ Sacku Cement				
	³ Hole Size	! 	" Casing & Tubing Size			Depa on					occus concer		
													
					,								
													
VI. Well Test Data													
			Delivery Date 34 Te		st Date		²⁷ Test Length		M Thg. Pressure		H Cag. Pressure		
" Choke Size			" Oil " "		Valer	aler			4 AOF		4 Test Method		
" I hereby ce	rtify/that the r	ules of the Oil	Conservation	Diyysion have bee	en complied	<u> </u>							
with and that the information given above is true and complete to the tost of my Norwiedge and belief.													
Signature: Approved by: CROMAN TO THE STATE OF THE STATE													
1 LUM C-1 FULL BESTER BESTER													
PERRY /L HUGHES /													
Tide:	J	Approv	Approval Date: JUN 0 8 1994										
Date: 05/05/94 Phone: 505/885-5433													
" If this is a	change of op	erstor fill in	the OGRID no	imber and name	e of the previ	ous oper	ntor						

Printed Name

Previous Operator Signature

Title

Date

RECEIVED