

Submit 3 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Geology, Minerals and Natural Resources Department

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator THE WISER OIL COMPANY Well API No. 3002501493 ✓
Address 8115 PRESTON ROAD, SUITE 400, DALLAS, TX 75225
Reason(s) for Filing (Check proper box) ☐ Other (Please explain)
New Well ☐ Change in Transporter of: ☐ Dry Gas ☐ CHANGE IN OPERATOR EFFECTIVE 8/1/92
Recompletion ☐ Oil ☐ Condensate ☐
Change in Operator ☒ Casinghead Gas ☐
If change of operator give name and address of previous operator QUALITY PRODUCTION CORP., PO BOX 250, HOBBS NM 88241

II. DESCRIPTION OF WELL AND LEASE
Lease Name MAL GRA UNIT B Well No. 2 Pool Name, including Formation SAN MALJAMAR GRAYBURG ANDRES Kind of Lease State, Federal or Private B-2148
Location Unit Letter O : 660 Feet From The South Line and 1980 Feet From The East Line
Section 20 Township 17S Range 33E, NMPL, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
TEXAS NEW MEXICO PIPELINE CO. Address (Give address to which approved copy of this form is to be sent) PO BOX 2528, HOBBS NM 88240
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
PHILLIPS 66 NAT'L GAS CO. GPM Gas Corporation BARTLESVILLE, OK 74004
If well produces oil or liquids, give location of tanks. Unit J Sec 20 Twp. 17S Rge. 33E Is gas actually connected? Yes When? 6/2/55
If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA
Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v Diff Res'v
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth
Perforations Depth Casing Shoe
TUBING, CASING AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)
Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.)
Length of Test Tubing Pressure Casing Pressure Choke Size
Actual Prod. During Test Oil - Bbls. Water - Bbls. Gas - MCF

GAS WELL
Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate
Testing Method (pilot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE
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.
Signature Perry L. Hughes Agent
Printed Name 12/31/92 Title 505-748-3352
Date Telephone No.

OIL CONSERVATION DIVISION
JAN - 5 1993
Date Approved
By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR
Title