

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

Geology, Minerals and Natural Resources Department

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

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator THE WISER OIL COMPANY		Well API No. 3002501498
Address 8115 PRESTON ROAD, SUITE 400, DALLAS, TX 75225		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change In Operator <input type="checkbox"/> Other (Please explain)		
Change In Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
CHANGE IN OPERATOR EFFECTIVE 8/1/92		
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. 7	Pool Name, Including Formation MALJAMAR GRAYBURG ANDRES	SAN Kind of Lease State, DEED AND DEED	Lease No. B-2148
Location Unit Letter L, 990 Feet From The West Line and 1650 Feet From The South Line Section 20 Township 17S Range 33E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> 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 <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> PHILLIPS 66 NAT'L GAS CO. GPM Gas Corporation	Address (Give address to which approved copy of this form is to be sent) 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? When?

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 Rec'v	Diff Rec'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.)		Producing Method (Flow, pump, gas lift, etc.)	
Date First New Oil Run To Tank	Date of Test	Casing Pressure	Choke Size
Length of Test	Tubing Pressure	Water - Bbls.	Gas - MCF
Actual Prod. During Test	Oil - Bbls.		

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.

Perry L. Hughes  
Signature Perry L. Hughes Agent  
Printed Name 12/31/92 505/748-3352  
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN 4 1990  
By ORIGINAL SIGNED BY DISTRICT SUPERVISOR  
Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104  
Commingled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 1104