DISTRICT

DISTRICT II

87) summerans and realizal Resources Department

Revised 1-1-8 See Instructio at Bottom of i

Form C-104

P. O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVIS\_ON

P. O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

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

P. O. Drawer DD, Artesia, NM 88210

TO TRANSPORT OIL AND NATURAL GAS Operator THE WISER OIL COMPANY Well API No. Address 30 - 025-20761 8115 PRESTON ROAD, SUITE 400, DALLAS, TEXAS 75225 DK Reason (s) for Filling (check proper box) New Well Other (Please explain) Change in Transporter of: Recompletion Change in Operator Dry Gas  $\overline{\mathbf{x}}$ EFFECTIVE 6/1/92 Casinghead Gas If chance of operator give name Condensate and address of previous operator Chevron U.S.A. Inc., P. O. Box 1150, Midland, TX 79702 II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease Maljamar Grayburg Unit Lease No. State, Federal or Fee Maljamar Grayburg SA Location State Unit Letter 2310 \_ Feet From The South Line and 330 Feet From The West Line Section 02 Township 17S Range 32E III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS , NMPM. County Name of Authorized Transporter of Oil or Condensate (Give address to which approved copy of this form is to be sent) Address Texas-New Mexico Pipelien Co. Texas-New Mexico Pipenen Co.

Name of Authorized Transporter of Casinghead Gas

GPM P. O. Box 5568, Denver, CO 80217 or Dry Ga Corporation (Give address to which approved copy of this form is to be sent) Address If well produces oil or liquids, 4001 Penbrook, Odessa, TX 79762 Unit Sec. Twp. Rge. Is gas actually connected? give location of tanks. When? 11. 17 32 If this production is commingled with that from any other lease or pool, give commingling order number: Unknown IV. COMPLETION DATA Oil Well Gas Well New Well | Workover Designate Type of Completion - (X) Deepen Plugback Same Res'v Diff Res'v Date Spudded Date Compl. Ready to Prod. Total Depth Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay **Tubing Depth** Peforations 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 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 press.) 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 OIL CONSERVATION DIVISION 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** By Signature Richard Title Printed Nam Title Θ -00E0 Date

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.

Telephone No.

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

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