DISTRICT II

OIL CONSERVATION DIV ON

P. O. Box 2088

Revised 1-See Instruc at Bottom c

LOLD (C-10

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

Santa Fe, New Mexico 87504-2088

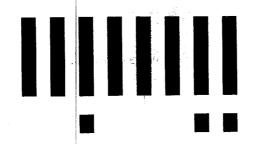
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1.									
Operator									
Address THE WISER	OIL COMPANY							Well API No.	- Al
8115 PRESTO	N ROAD, SUITE	400. DALI	AS TEVAS	75005				30 - 025-20764	<i>DK</i>
Reason (s) for Filling (check proper b	ox)	,	HO, IEAAS	75225					
Recompletion	a	nange in Tra	nsporter of:		ш	Other (Please	explain)		
Change in Operator X	Oil		Dry	Gas 🗍		FFECTIVE (6/1.00		
If chance of operator give name	Casinghead	Gas	Con	densate 🔲			JI 1.134		
and address of previous operator	Chevron U.	S.A. Inc. P	O. Box 1150	100					
II. DESCRIPTION OF WEL	LANDIEAG	or	O. DOX 1130	, Midland, T	X 79702				
Lease Name	L AND LEAS	Well No	Doel No.						
Maljamar Grayburg Unit	- FOOI Name	ume, Including Formation				ind of Lease	Lease No		
Location		63	Maljamar	Grayburg S.	A.		St	ate, Federal or Fe	e
								ederal	LC-059576
Unit Letter O	:	0660	Peet Prom T	he Sout	ih Ti	ne and	1000		
Section 10 Townsh	ip 178		- -				1980	Feet Prom Th	e <u>East</u> Line
III. DESIGNATION OF TRA		05.00	Range	32E	, N	МРМ,		Lea	County
Name of Authorized Transporter of Oil	NSI ORIER	or Conder	AND NAT			4			
Texas-New Mexico Pipelien Co.	$\square X$	or Conger	ISAIC	Ado	iress (Gi	ive address to	which appr	oved copy of this	form is to be sent)
Name of Authorized Transporter of Casis	nghead Geo	V				O. Box 5568,			
COUNTRY DO PIRTURAL GES CO.	Buesn Cas	Al or I	Dry G. Poration	Add	ress (Gi	ve address to	which appr	oved comp of this	form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit		Twp. Rg		actually con		Ouests, 17	79762	
5. Violation of tanks.	14	10	17 3	, ,	-cularly con	nected ?	When?		
If this production is commingled with that IV. COMPLETION DATA	from any other le			~	Yes			Unknown	
IV. COMPLETION DATA	July Galet lea	ase or poor,	give commin	gling order n	umber:				
Designate Type of Complete		Oil Well	Gas Well	New Well	Workover	Deepen	Desir		
Designate Type of Completion Date Spudded		L				Deepen	Plugback	Same Res'v	Diff Res'v
	Date Compl. Re	ady to Prod	•	Total Dept	h		P. B. T. D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			m		
Peforations							Tubing Dep	oth .	
							Depth Casin	g Shoe	
HOLE SIZE	TU	BING, CAS	ING AND C	EMENTIN	RECORD				
	CASING & TUBING SIZE			DEPTH SET				SACKS CE	MENT
									
	 								
V. TEST DATA AND REQUES	T FOR ALLC)WARI E	, 	L					
OIL WELL (Test must be after r	ecovery of total voi	lume of load	I oil and must	be equal to	or avecad ton	-11			
Date First New Oil Run To Tank	Date of Test			Producing N	fethod	allowable fo (Flow, pump,	r this depth o	or be for full 24 h	ours)
Length of Test	Tubing Pressure			Contract D				, 	
Actual Prod. During Test	<u> </u>			Casing Press	ture	ľ	hoke Size		
	Oil - Bbls.			Water - Bbis			ias - MCF		
GAS WELL									
Actual Prod. Test - MCF/D	Length of Test		[:	Bbls. Conder	sate/MMCF	Ic			
Testing Method (pilot, back press.)	Tubing Pressure (S	Chart 1-3					iravity of Co	ndensate	
		-	ľ	Casing Press	ure (Shut - in) [c	hoke Size		
VI. OPERATOR CERTIFICAT	E OF COMPI	LANCE					 		
I hereby certify that the rules and regulation	ons of the Oil Cons	ervation			OIL	CONSE	RVATIO	ON DIVISIO	ON
Division have been complied with and that the information given above is true and complete to the best of pry knowledge and belief.				_				,),, ; <u>;</u>	
O The state of the	wiedge and belief.		į	Date A	pproved		<u> </u>		
	ulai		_	Ву	lms/Qriss-1	eno artife	y si th s	3,100	
Signature	1 / 1					100	14, 1 g 1 g 2 g 2 g 2 g 2 g 2 g 2 g 2 g 2 g		
Printed Name		ーレート	- 1	Title_					
6/15/92 21	Title	-008	0						
Date	Telepho		-		•				

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







Job separation sheet

Form 3160-5 (Novemaer 1983) UI (Farmerty 9-331) DEPARTME	NITED STATES	- A. Milliand Swiffle	and a spires Augment 71				
BUREAU	1	5. LEASE DESIGNATION AND SEELL NO. LC-059576					
	ES AND REPORTS to despen or plus on FOR PERMIT—" for such p		d. IF INDIAN, ALLOTTEE OR	TRIBE NAME			
OIL XX CAS CAS OTHER	7. UNIT AGREEMENT NAME	7. UNIT LIBERTMENT NAME					
2. NAME OF OPERATOR	Maljamar Grayburg	Maljamar Grayburg Unit					
Chevron U.S.A. Inc.							
P.O. Box 670, Hobbs, New Me	9. WELL NO.						
4. LOCATION OF WELL (Report location clear) See also space 17 below.) At surface		10. FIELD AND POOL, OR WILDCAT					
660 FSL and 1980 FEL	11. SEC. T. L. M. OR BUX. A	Maljamar Grayburg					
			Sec.10,T175,R32F				
14. PERMIT NO. 11	0. 16. ELEVATIONS (Show watther DF, ET, CE, etc.) 4105						
16. Check Appro	priate Box To Indicate N	ature of Natice, Report, or	Other Data				
NOTICE OF INTENTION	то:		EQUENT REPORT OF:				
	OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL				
SHOOT OR ACIDIZE ABAND	IFLE COMPLETE	FRACTURE TREATMENT SHOOTING OR ACIDIZING	ALTERING CLEING				
	E PLANS	(Other) TA	THE MOONE TE				
17. DESCRIBE PROPOSED OR COMPLETED OPERATIO proposed work. If well is directionally ment to this work.)	XE (Cin-12	COLIDICATION OF WELCH	its of multiple completion on Weinpletton Report and Log form.)				
Circ. csg, Circ 9.5ppg vis more TOH, TIH w/pkr, isolate csg TIH, set pkr at 1036', est IF Mix and pmp 55sx C1 C neat cm TOCICR est TOC 990'. PU 396' out 8 5/8" x 5 ½" annulus. I	leak 60/90'. LD p R at 1.5 BPM and 80 nt, squeezed 39sx i	kr, perf 5½" csg at Opsi, LD pkr, set C nto form, llsx belo	1145' w/4 holes, ICR at 1036'. w CICR, 5sx on				
		·	ARE STATE				
· · ·				ប n			
	AFFROVED I	FOR 12 MONTH FERIC	IZ T3 EI				
	ENDING	4/6/90	3 F/1 •				
18. I hereof certify that the foregoing is true a	ad correct		ි දිරි මිසි පි රි				
SICTED XX. Elmaro.		nical Asst.	4-5-89				
(This space for Pederal or State office use)			DATE				
APPROVED BY	TITLE	ACCEPTED FOR RECORD					
		APR 6139	C)				