

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 <b>The Wiser Oil Company</b>		Well API No. <b>30-025-32039</b>
Address <b>PO Box 1412, Artesia, NM 88211-1412</b>		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator		

### II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Maljamar Grayburg Unit</b>	Well No. <b>95</b>	Pool Name, Including Formation <b>Maljamar Grayburg San Andres</b>	Kind of Lease <b>Federal</b>	Lease No. <b>LC-059576</b>
Location				
Unit Letter <b>B</b>	<b>15</b>	Feet From The <b>North</b> Line and <b>2478</b> Feet From The <b>East</b> Line		
Section <b>10</b>	Township <b>17S</b>	Range <b>32E</b> , 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"/> <b>Texas New Mexico Pipeline Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>PO Box 2528, Hobbs, NM 88241</b>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>GPM Gas Corp.</b>	Address (Give address to which approved copy of this form is to be sent) <b>4044 Penbrook, Odessa, TX 79762</b>					
If well produces oil or liquids, give location of tanks.	Unit <b>J</b>	Sec. <b>4</b>	Twp. <b>17S</b>	Rge. <b>32E</b>	Is gas actually connected? <b>Yes</b>	When? <b>07/26/93</b>

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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded <b>06/22/93</b>	Date Compl. Ready to Prod. <b>07/26/93</b>		Total Depth <b>4426'</b>		P.B.T.D. <b>4365'</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>4196' GR</b>	Name of Producing Formation <b>Grayburg &amp; San Andres</b>		Top Oil/Gas Pay <b>3961</b>		Tubing Depth <b>4275'</b>			
Perforations <b>3961-4120 22 holes Grayburg</b> <b>4171-4338 14 holes San Andres</b>					Depth Casing Shoe <b>4426'</b>			

### TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<b>12-1/4"</b>	<b>8-5/8"</b>	<b>1129'</b>	<b>630 sx Class "C"</b>
<b>7-7/8"</b>	<b>5-1/2"</b>	<b>4426'</b>	<b>450 sx Lite &amp; 670 sx "C"</b>

### 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.)

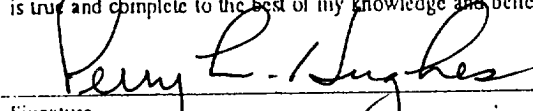
Date First New Oil Run To Tank <b>07/26/93</b>	Date of Test <b>08/12/93</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pumping</b>	
Length of Test <b>24 hrs</b>	Tubing Pressure <b>None</b>	Casing Pressure <b>None</b>	Choke Size <b>2"</b>
Actual Prod. During Test	Oil - Bbls. <b>25</b>	Water - Bbls. <b>49</b>	Gas - MCF <b>12</b>

### 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 **10/21/93** Title **505/748-3352**  
Date Telephone No.

### OIL CONSERVATION DIVISION

Date Approved **OCT 27 1993**

By **ORIGINAL SIGNED BY JERRY SEXTON**  
**DISTRICT I SUPERVISOR**

Title

### 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.