

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. 30-025-32042 |
| Address PO Box 1412, Artesia, NM 88211-1412 | | |
| 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 Western State | Well No. 18 | Pool Name, Including Formation Maljamar Grayburg San Andres | Kind of Lease State | Lease No. B-2148 |
| Location Unit Letter K : 1355 Feet From The South Line and 1351 Feet From The West Line Section 17 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 88241 | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> GPM Gas Corp. | Address (Give address to which approved copy of this form is to be sent) 4044 Penbrook, Odessa, TX 79762 | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit 20 | Sec. 17S | Twp. 33E | Rge. 33E | Is gas actually connected? Yes | When? 10/02/93 |

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 <input checked="" type="checkbox"/> | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v |
| Date Spudded 07/25/93 | Date Compl. Ready to Prod. 10/02/93 | | Total Depth 5500' | | P.B.T.D. 5460' | | | |
| Elevations (DF, RKB, RT, GR, etc.) 4208' GR | Name of Producing Formation Grayburg & San Andres | | Top Oil/Gas Pay 4188' | | Tubing Depth 5290' | | | |
| Perforations 4188-5417 | | | | | Depth Casing Shoe 5500' | | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 12-1/4" | 8-5/8" | | 1310' | | 425 sx Lite & 250 sx CL | | | |
| 7-7/8" | 5-1/2" | | 5500' | | 600 sx Lite & 750 sx CL | | | |
| | 2-7/8" | | 5290' | | | | | |

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 10/02/93 | Date of Test 10/08/93 | Producing Method (Flow, pump, gas lift, etc.) Pumping | |
| Length of Test 24 hr | Tubing Pressure 0 | Casing Pressure 0 | Choke Size None |
| Actual Prod. During Test | Oil - Bbls. 70 | Water - Bbls. 405 | Gas- MCF 20 |

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**
Printed Name **Perry L. Hughes, Agent**
Date **11/23/93** Title **505/748-3352**
Telephone No.

OIL CONSERVATION DIVISION

Date Approved **NOV 29 1993**
By **ORIGINAL SIGNED BY JERRY SEXTON**
Title **DISTRICT I SUPERVISOR**

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.