Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hoobs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources De ment

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

DISTRICE 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., Aziec, NM 87410

· ·		OR ALLOWAI ANSPORT OIL							
Operator				Well API No. 30-025-32043					
The Wiser Oi	1 Company						-023-32		
Address PO Box 1412,	Artesia, N	IM 88211-	1412						
Reason(s) for Filing (Check proper box)			Other	(l'lease explai	in)				
New Well X		Transporter of:		•					
Recompletion \square	Oil 📙	Dry Gas							
Change in Operator	Casinghead Gas	Condensate							
f change of operator give name address of previous operator									
II. DESCRIPTION OF WELL	AND LEASE								
Lease Name Western Stat	Well No. Pool Name, Includi 19 Maljamar G					nd of Lease State B		Lc25e No. 3–2148	
Location				0500			TI- e-t-		
Umi LetterO	_ : <u>50</u>	_ Feet From The	South Line	and 2592	Fee	et From The	East	Line	
Section 17 Townshi	p 17S	Range 33E	E , NM	PM,	Le	a		County	
TO TOTAL MICE OF TRAN	ichobateb Of O	II AND NATE	DAL CAS						
II. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	or Conder		Address (Give	address to whi	ch approved	copy of this fe	orm is to be sen	if)	
Texas New Mexico Pipel:	PO Box 2528, Hobbs, NM 88241								
	Address (Give address to which approved copy of this form is to be sent)								
Name of Authorized Transporter of Casinghead Gas XX or Dry Gas CPM Gas Corp.			4044 Penbrook, Odessa, TX 79762						
If well produces oil or liquids, ive location of tanks.	Unit Sec.	Twp. Rgc. 17S 33E	is gas actually Yes	connected?	When	10/30)/93		
f this production is commingled with that		pool, give comming	ling order number	er:					
V. COMPLETION DATA									
Designate Type of Completion	Oil Well		New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to	o Prod.	Total Depth			P.B.T.D.	1	,	
08/06/93	10/30/93		5525'			5483'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay 4189 '			Tubing Depth 5241			
4197' GR Grayburg & San Andres			4103			Depth Casing Shoe			
4189-5267								23' .	
	TUBING	CEMENTING RECORD							
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
12 1/4"	8 5/8"		1330'			420 sx Lite & 250 sx "C" 475 sx Lite & 300 sx			
7 7/8"	5 1/2"		5523'		Premium Plus				
	-		-				FIG	,iidii iida	
V. TEST DATA AND REQUES	ST FOR ALLOW	ARLE	<u> </u>			J.,			
OIL WELL (Test must be after r	recovery of total volume	of load oil and mus	i be equal to or i	exceed top allo	wable for this	depth or be	for full 24 how	·s.)	
Date First New Oil Run To Tank	Date of Test	0,1000	Producing Met	hod (Flow, pw	mp, gas lift, e	ıc.)			
10/30/93					Pump				
Length of Test	11/16/93 Tubing Pressure		Casing Pressure			Choke Size			
24 hr	, uomg : toosars								
Actual Pred. During Test	Oil - Bbls.		Water - Bbls.	Water - Bbls. 261		Gas- MCF	8		
						I			
GAS WELL	71		Ibls. Condens	ate/MMCF	 	Gravity of C	Condensate		
ral Prod. Test - MCF/D Length of Test			Bole. Condensate/Philips						
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressur	Casing Pressure (Shut-in)		Choke Size			
	<u> </u>		-{ <u> </u>			<u> </u>			
VI. OPERATOR CERTIFIC	ATE OF COME	PLIANCE		II CON	SERV	ATION	DIVISIO	M	
I hereby certify that the rules and regula									
Division have been complied with and that the information given above is true and complete to the jest of my knowledge and belief.			D-1-	A	, DEC	2719	93		
1/2/1	()		Date	Approve	J				
Perry Z. Hughos			Ву_	ORIGIN	LAL SIONE	D BY JERR	Y SEXTON		
Signature Perry L. Hughes Agent			-, -	By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR					
Printed Name	V	Title	Title						
12/21/93	505/74								
Date	Tele	ephone No.	11						

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.