		State of New Mexico Energy, Minerals and Natural Resources Department OIL CONSERVATION DIVISION		Form C-101 Revised 1-1-89 API NO. ( assigned by OCD on New Wells)	
DISTRICT I	OILC				
P.O. Box 1980, Hobbs, NM 88240		P.O. Box 2088		30-025-32426	
DISTRICT II P.O. Drawer DD, Artesia, NA		Santa Fe, New Mexico 87504-2088		5. Indicate Type of Lease STATE X FEE	
DISTRICT III 1000 Rio Brazos Rd., Aztec,	NM 87410	6. State Oil & Gas Lease N	<b>6.</b> 2149		
APPLICATIO	ON FOR PERMIT TO				
1a. Type of Work:	· · · · · · · · · · · · · · · · · · ·		-	7. Lease Name or Unit Agr	eement Name
DRILL b. Type of Well: OIL GAS WELL X WELL	THER	SINGLE	PLUG BACK	Phillips "E	" <sup>''</sup> State
2. Name of Operator Th	e Wiser Oil (	Company	• .	8. Well No. 17	
3. Address of Operator 20	7 W. McKay, (	Carlsbad, NM	88220	9. Pool name or Wildcat Maljamar Graybu	rg San Andres
4. Well Location Unit Letter B	: <u>1305</u> Feet Fro		Line and262		East Line
Section 1	9 Townsh	ip 17S Ram	33E 1	MPM Lea	County
		10. Proposed Depth			12. Rotary or C.T.
			5525' Gra	yburg San Andres	Rotary
13. Elevations (Show whether 4119'		<b>L Kind &amp; Status Plug. Bond</b> Statewide	15. Drilling Contractor		Date Work will start ruary 15, 199
17.	PR	OPOSED CASING AN	D CEMENT PROG	RAM	
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12 1/4"	8 5/8"	24#	1350'	650	Circulate
7 7/8"	5 1/2"	17#	5525'	650	2300' (base of
		1 1		1	salt)

It is proposed to drill the above captioned well to a total depth of 5525' with rotary tools. If commercial production is indicated, the well will be perforated and stimulated as necessary.

Blow Out Prevention: 10" Series 900 Type "E" Shaffer Hydraulic BOP.

	- 1 1 1	
OPER. OGRID NO. 022922		
PROPERTY NO. 011848		
POOL CODE 433 20		
EFF. DATE 2-22-94		
API NO. 30-025- 32426 IN ABOVE SPACE DESCRIBE PROPUSED PROGRAM. TANKSAL IS TO D ZONE. GIVE BLOWOUT/REVENTER PROGRAM, IF ANY.	EEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUC	TIVE ZONE AND PROPOSED NEW PRODUCTIVE
I hereby certify that the information above is true and complete to the best of my knowledg	e æd belief. Agent	01/25/94
TYPE OR PRINT NAME PEPTY L. Hughes		DATE505 505 TELEPHONE NO. 885-5433
(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR	. m.e	FEB 2 2 1994
CONDITIONS OF AFFROVAL, IF ANY:	Permit Expires 6 Mon Date Unless Drilling L	ths From Approval Inderway.

District Office State Lease - 4 copies Fee Lease - 3 copies	Energy, Mi	nerals and Natural Resources	s Department	Revised 1-1-89
DISTRICT I P.U. Box 1980, Hobbs, NM		NSERVATION DI P.O. Box 2088		
<u>DISTRICT II</u> P.O. Drawer DD, Anesia, N	Sant	a Fe, New Mexico 87504	-2088	
DISTRICT III 1000 Rio Brazos Rd., Aziec		ON AND ACREAGE DED nust be from the outer boundario		
Operator		Lease		Well No.
The Wiser Oi	1 Company	Phillip	s "B" State	
Unit Letter Section		Range		1,7
B	19 17 South	33 East	т –	Lea
Actual Footage Location of			<u>NM[M] 1</u>	
1305 600 6	rom the North li	2625	feet from the Eas	<b>-</b> +
Ground level Elev.	Producing Formation	Pool 2023	feet from the Eas	Dedicated Acreage:
4119	Grayburg & San An		rayburg San Andı	res 40
1. Outline the act	reage dedicated to the subject well by col	ored pencil or hachure marks on the	e niat below	Acres
2. If more than o	ne lease is dedicated to the well, outline	ach and identify the ownership the	reof (both as to working interest ar	nd royaity).
3 If more than o	ne lease of different ownership is dedicate	of to the well have the interest of a	-11	
unitization, for	ne lease of different ownership is dedicat ree-pooling, etc.?	ed to the well, have the interest of a	all owners been consolidated by co	mmunitization,
Yes		'yes" type of consolidation		
If answer is "no"	list the owners and tract descriptions wh	ch have actually been consolidated.	. (Use reverse side of	
this form if necco	essary.			
NO allowable wil	I be assigned to the well until all interest	have been consolidated (by comm	unitization, unitization, forced-poo	king, or otherwise)
01 01111 4 101-50	ndard unit, eliminating such interest, has	been approved by the Division.	· · · · · · · · · · · · · · · · · · ·	
	1			ATOR CERTIFICATION
	•			by certify that the information
			consaired he	rein in true and complete to the
			best of my ton	owiedse and bellef.
	2	l l	Le le	My E. Makes
	305	l l	Signature	2
		1.	Pern	ry 🖌. Hugh 🛃
		2625	Printed Name	2
	─¦──────			Agent
			Position	
			The	Wiser Oil Co.
			Company	
			Janu	ary 26, 1994
			Date	
		l		
				EYOR CERTIFICATION
		l l	I harden an	with the star with traction above
		. 1		rtify that the well location shown 1 was plotted from field notes of
				eys made by me or under my
			supervison,	and that the same is true and
			correct to	the best of my knowledge and
			belief.	
			Date Survey	ed PAN
	_!		June	61 812000
			- Signature K	Scal A Scal
	i l		Professional	Surveyor
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