

**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**

**I.**

Operator <b>THE WISER OIL COMPANY</b>	Well API No. 3002501510 ✓
Address 8115 PRESTON ROAD, SUITE 400, DALLAS, TX 75225	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	CHANGE IN OPERATOR EFFECTIVE 8/1/92
If change of operator give name and address of previous operator QUALITY PRODUCTION CORP., PO BOX 250, HOBBS NM 88241	

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name MAL GRA UNIT D	Well No. 3	Pool Name, including Formation MALJAMAR GRAYBURG ANDRES	SAN	Kind of Lease State, <del>DEED</del> <del>CONVEYANCE</del>	Lease No. B-2148
Location Unit Letter <u>M</u> : <u>660</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u> Line Section <u>21</u> Township <u>17S</u> Range <u>33E</u> , <u>NMPM</u> , 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 88240	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <del>PHILLIPS 66 NAT'L GAS CO.</del> <b>GPM Gas Corporation</b>	Address (Give address to which approved copy of this form is to be sent) BARTLESVILLE, OK 74004	
If well produces oil or liquids, give location of tanks.	Unit <u>J</u> Sec <u>20</u> Twp <u>17S</u> Rge <u>33E</u>	Is gas actually connected? <u>Yes</u> When? <u>11/8/55</u>
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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rec'v	Diff Rec'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations			Depth Casing Shoe					
<b>TUBING, CASING AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

**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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

**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.

*Perry L. Hughes*  
Signature Perry L. Hughes Agent  
Printed Name 12/31/92 Telephone No. 505/748-3352  
Date

**OIL CONSERVATION DIVISION**

Date Approved JAN - 5 1993

By ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

Title \_\_\_\_\_