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Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico knergy, Minerals and Natural Resources Departme...

DISTRICT II P.O. Drawer DD, Artesia, NM \$8210

OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brizos Rd., Aziec, NM \$7410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

4.	1	UINA	NOP	ON I OIL	AND NA	UHAL GA					
Operator THE	WISER (OIL CON	1PAN	Y.	Well A				1 No. 3002501527		
Address 8115 PRESTON ROAD - Suite 400 - DALLAS, TX 75225											
Reason(s) for Filing (Check proper box)						t (Please explai	i=1				
New Well		Change in	T	netae aufi		() tems exhau	m)				
		_	-							į	
Recompletion U	Oil	_	Dry G	_			EFFECT	IVE 9-1	5-92		
Change in Operator 🔯	Casinghese	1 Gas 📙	Conde								
If change of operator give name pendor operator PENNZOIL EXPLORATION & PROD. CO P.O. BOX 8850 - MIDLAND, TX 79708-8850											
IL DESCRIPTION OF WELL A	AND LEA		.				1 100				
Phillips State	1	Well Na.		lame, lo chdir Liamar <i>(</i>		SanAndre	State.	of Lease Federal or Fe	. _	zase No.	
Location	L			I Jamai (stayburg	Jananare			state B	-2229	
Unit LetterE	:19	980	Foot P	rom The	North Line	and660) Fe	et From The	West	Line	
Section 28 Township 17 S Range 33 E NMPM, Lea County										County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS											
Name of Authorized Transporter of Oil	(X)	or Conden				e address to wh	ich approved	copy of this f	orm is to be se	re()	
Name of Authorized Transporter of Oil x or Condensate Address (Give address to which approved copy of this form is to be sent) Texas New Mexico Pipeline Company P.O. Box 2528, Hobbs, NM 88241-2528											
						BOX 2328 Laddress to wh					
-	name of Authorized Transporter of Casinghead Gas									<i>=</i>)	
GPM Gas Corp.									a, TX 79765		
If well produces oil or liquids,	Unit	Unit Sec. Twp. Rge.			Is gas actually connected? When ?			?			
give location of tanks.	1 E 1	28	17	33	Yes		1	3-8-5	58		
If this production is commingled with that i	from any oth	er lease or	pool, g	ive commine	ing order numb	er:					
IV. COMPLETION DATA				•	-,						
Designate Type of Completion	• 00	Oil Well		Gas Well	New Well	Workover	Deepea	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		pl. Ready to	Prod.		Total Depth	l	l	P.B.T.D.	<u> </u>	1	
					T. 012						
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Performions					Depth Cas				of Spos		
	-	TIRING	CAS	ING AND	CEMENTI	NC PECOP	<u> </u>	1			
	TUBING, CASING AND				· · · = · = · · · · · · · · · · · · · ·			Τ			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
						 		ļ			
	<u> </u>				<u> </u>			.1			
											
							 	1			
V. TEST DATA AND REQUES	TFOR	ALLOW	ARLI	Č	•						
OIL WELL (Test must be after r					he amed to an	arasad tan all	auahla fan th	in dansk an ka	(6.Jl 24 b	1	
Date First New Oil Rua To Tank	Date of Te		oj loud	OL AND MILI		ethod (Flow, pr		 	JOT JIEL 24 NO.	43.)	
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
					Water Phila			Gas- MCF			
Actual Prod. During Test	Oil - Bbis.				Water - Bbis.			Cap MC			
GAS WELL	·•					<u></u>					
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
1											
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Cating Pressure (Shut-in)			Choke Size			
VL OPERATOR CERTIFIC	ATE O	F COM	 P[.]A	NCE	<u> </u>			<u> </u>			
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OIL CONSERVATION DIVISION						
Bruss and complete to the best of my knowledge and belief.					Date	Approve	ed	NOV 03'92			
Sichard. Starker					CICNED BY ISPRY SEXTON						
Signature RICHARD STARKEY - SECRETARY					By ORIGINAL SIGNED BY SERRY SUPERVISOR						
Printed Name			Title		Title					.i	
September 15, 199	2 2	14-265 Te	-008				· · · · · · · · · · · · · · · · · · ·				
			•		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.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.