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| | GAS |
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. Operator
The Wiser Oil Company
Address
P.O. Box 2467 Hobbs, N. Mex. 88240
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain):
12/24/75 11/76
11-4070

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|---------------|--|--|---------------------|
| Lease Name State "L" | Well No. 1 | Pool Name, Including Formation Hobbs (G-SA) | Kind of Lease State, Federal or Fee State | Lease No. K 5278 |
| Location Unit Letter B : 330 Feet From The North Line and 1900 Feet From The East Line of Section 26 Township 18S Range 37E , 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"/> The Permian Corporation | Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183 Houston, Tex. 77001 | | | | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | | | | |
| If well produces oil or liquids, give location of tanks. | Unit B | Sec. 26 | Twp. 18S | Rge. 37E | Is gas actually connected? When |

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 Restv. | Diff. Restv. |
| Date Spudded 9-18-75 | Date Compl. Ready to Prod. 10-22-75 | Total Depth 4329' | P.B.T.D. 4310 GR | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3674.8 GR | Name of Producing Formation Grayburg | Top Oil/Gas Pay 4220' | Tubing Depth 4300' | | | | | |
| Perforations 47 -- .44" perforations from 4220' to 4284' | Depth Casing Shoe 4329' | | | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 12-1/4" | 8-5/8" - 24# | | 353' | | 225 sx. | | | |
| 7-7/8" | 4-1/2" - 11.60# | | 4329' | | 425 sx. | | | |
| | 2-3/8" EUE tubing | | 4300' | | | | | |

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 Tanks 10-24-75 | Date of Test 10-30-75 | Producing Method (Flow, pump, gas lift, etc.) Pump | |
| Length of Test 24 hrs. | Tubing Pressure 0 | Casing Pressure 15# | Choke Size Open |
| Actual Prod. During Test 19 bbls | Oil-Bbls. 5 | Water-Bbls. 14 | Gas-MCF TSTM |

GAS WELL

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

B.D. Singletary
B.D. Singletary (Signature)
District Supt.
10-31-75
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19_____
BY Jerry Supt.
TITLE _____

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply