Submit to Appropriate
District Office
State Lease – 6 copies
Fee Lease – 5 copies

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

Form C-101
Revised 1-1-89

API NO. (assigned by OCD on New Wells)
30-025-06954

5. Indicate Type of Lease STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work:
DRILL ☐ RE-ENTER ☐ DEEPEN ☐ PLUG BACK ☒XX

b. Type of Well:
OIL WELL ☐ GAS WELL ☐ OTHER SINGLE ZONE ☐ MULTIPLE ZONE ☐

7. Lease Name or Unit Agreement Name
Downes D

2. Name of Operator
The Wiser Oil Company

8. Well No.
1

3. Address of Operator
8115 Preston Rd., Ste 400, Dalls, TX 75225

9. Pool name or Wildcat
Hardy Tubb ~~Drinkard~~

4. Well Location
Unit Letter K : 1980 Feet From The South Line and 2080 Feet From The WEst Line

Section 32 Township 21S Range 37E NMPM Lea County

10. Proposed Depth	11. Formation	12. Rotary or C.T.
6450'	Tubb	

13. Elevations (Show whether DF, RT, GR, etc.)	14. Kind & Status Plug. Bond	15. Drilling Contractor	16. Approx. Date Work will start
3466 GR	Active	N/A	12/20/95

17. PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
N/A	13-3/8	48#	310	310 sx	N/A
N/A	9-5/8	36#	2809	1400 sx	N/A
N/A	7	23#	6502	800 sx	N/A

Wiser will discontinue water injection into the Drinkard formation from 6510-6628. We will sett a CIBP @ 6450' and recomplete the well to the Tubb formation from 6122-6273'.

OPER. OGRID NO. 13902L
PROPERTY NO. 16236
POOL CODE 60240
EFF. DATE 12-1-95
API NO. 30-025-06954

Permit Expires 6 Months From Approval Date Unless ~~Drilling~~ Underway.
Plugback

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Susan Hopper TITLE Production Administrator DATE 11/28/95

TYPE OR PRINT NAME Susan Hopper TELEPHONE NO. 214/360-3522

(This space for State Use)
ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE DEC 01 1995

CONDITIONS OF APPROVAL, IF ANY: