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SANTA FE			
FILE			
U.S.G.S.		i	
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PROPATION OFFICE		1	

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

Separate Forms C-104 must be filed for each pool in multiply

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

1	U.S.G.S.	. AUTHORIZATION T	O TRAI	NSPORT OIL AND N	IATURAL G	AS	
	LAND OFFICE	1					
	TRANSPORTER OIL	1					
	GAS	4					
	PRORATION OFFICE	1					
1.	Operator						
	The Wiser Oil Com	pany formerly So	outher	rn Petroleum	Explora	tion, Inc.	
	Box 1434, Roswell	, New Mexico 88	3201		Same		
	Reason(s) for filing (Check proper box,	)		Other (Please	explain) De	me change d	se to
	New Well	Change in Transporter of:				etroleum Exp	
	Recompletion	011	Dry Gas	into ou	r parer	it company "	The Wiser
	Change in Ownership	Casinghead Gas	Condens	rate O11 Con	ipany"		
	If change of ownership give name						
	and address of previous owner					<del></del>	
II.	DESCRIPTION OF WELL AND	LEASE					
	Lease Name McQuatters	Well No. Pool Name, Inc. 2 Eunice		rmation	Kind of Lease	Foo	None No.
					State, Federa	or ree	
	Location H 198	0 Nort		660		East	
:	Unit Letter;;	Feet From The		and	_Feet From 7		
	Line of Section Tow	waship 21-S	nge 36	<b>}-E</b> , №PM,	Lea		County
111.	DESIGNATION OF TRANSPORT	FER OF OIL AND NATUR	RAL GAS	Address (Give address to	o which approx	ed conv of this form is	to he sent)
	Name of Authorized Transporter of Oil Shell Pipe Line Co.	rporation		Box 2648, Houston, Texas			, , , , , , , , , , , , , , , , , , , ,
	Name of Authorized Transporter of Cas	singhead Gas or Dry Gas		Address (Give address to which approved copy of this form is to be sent)			
	Phillips Petroleum	Company		Bartlesville	-	108a /4003	
	If well produces oil or liquids,	Unit Sec. Twp. H 11 21-S	P.ge.	Is gas actually connecte No	d? Whe	emporarily a	handoned
	give location of tanks.	n 111 21-3	30-E	140		suporarrry a	
	If this production is commingled wit	th that from any other lease o	or pool, g	give commingling order	number:		
IV.	COMPLETION DATA	Oil Well Gas	s Well	New Well Workover	Deepen	Plug Back Same Re	s'v. Diff. Res'v.
	Designate Type of Completion	on - (X)	; !	i	1		
	Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.	
i	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	ļ	Top Oil/Gas Pay		Tubing Depth	
	Perforations		i			Depth Casing Shoe	
	Periorations						
		TUBING, CASIN	NG, AND	CEMENTING RECOR	D		
	HOLE SIZE	CASING & TUBING SI		DEPTH SE		SACKS CE	MENT
						<u> </u>	
		<u> </u>				<del> </del>	
	THE DATE AND DECLICE D	OP ALLOWARIE (Test	i	er recovery of total volum	me of load oil	and must be equal to or	exceed top allow-
٧.	TEST DATA AND REQUEST FOOLL WELL			th or be for full 24 hours,	)		
	Date First New Oil Run To Tanks	Producing Method (Flow, pump, gas lift, etc.)					
				Casing Pressure		Choke Size	
	Length of Test	Tubing Pressure		Cdsing Pressure		0020 0.20	
	Actual Prod. During Test	Oil-Bble.		Water - Bbls.		Gas-MCF	
	Actual From Samuel 1991						
		<u> </u>					
	GAS WELL					T	
	Actual Prod. Test-MCF/D	Length of Test		Bbls. Condensate/MMCF	<del>.</del>	Gravity of Condensate	•
		Tubing Pressure (Shut-in)		Casing Pressure (Shut-	-in)	Choke Size	
	Testing Method (pitot, back pr.)	I mind Pressure (Smit-In )	Ì	Cashing 7 1000 at 0 ( Date )	,		
<b>.</b> ,_	CERTIFICATE OF COMPLIANCE	CF		011 0	ONSERVA	TION COMMISSIC	N
VI.	CERTIFICATE OF COMPLIAN	LE				•	
	I hereby certify that the rules and r	regulations of the Oil Conse	rvation	APPROVED A			. 19
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			This form is to be filed in compliance with RULE 1104.			
	Be think			If this is a request for allowable for a newly drilled or despened well, this form must be accompanied by a tabulation of the deviation			
1	District Manager (Signa	ature)	Ì	teats taken on the	well in accor	dance with RULE !!	1.
				All sections of this form must be filled out completely for allowable on new and recompleted wells.			
E	pril 12, 1971 (Til	The series of th					
	(Da	well name or number, or transporter, or other such change of condition.					

(Date)

## RECEIVED

APR 13 1971
OIL CONSERVATION COMM, HOBBS, N. M.

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