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SANTA FE		- <del></del>
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OF	ICF	

## NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

	FILE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-11 Effective 1-1-65
	U.S.G.S.	AUTHORIZATION TO TRA	AND ANSPORT OIL AND NATURAL (	
	LAND OFFICE	TO THE PROPERTY OF THE	THE ONL OIL AND IMPURAL (	JAN
	IRANSPORTER GAS			
	OPERATOR			
1.	PRORATION OFFICE Operator			
	The Wiser Oil	Company		
	P.O. Box 2467	Hobbs, New Mexico	88240	
	Reason(s) for filing (Check proper box New Well	Change in Transporter of:	Other (Please explain) Change in le	ase and well # from
	Recompletion	Oil Dry Ga	ns □   McQuatters C	om. #1 to:
	Change in Ow (ership	Casingt.ead Gas Conder	McQuatters #	5
	If change of ownership give name and address of previous owner			
1.	DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, Including F	17-8626 4//88 ormation   Tkind of Leas.	The same No.
	McQuatters	5 Hardy Drin	nkard State, Federa	
	Location H QC		ne and 1650 Feet From	North
	7 7	210	26° t -	
	Line of Section 11 Tox	vnship ZIS Range	36E , <sub>NMРИ</sub> , Lea	
I.		TER OF OIL AND NATURAL GA		
,	Name of Authorized Transporter of Oil The Permian Con	or Condensate   rporationPermian (Eff. 9 / 1 /	Address (Give address to which appro 87P.O. Box 1183 Hou	ston. Tex. 77001
	Name of Authorized Transporter of Cas	inghead Gas X or Dry Gas	Address (Give address to which appro-	ved copy of this form is to be sent)
		eum Company GPM Gas Co	P4001' Penbrook Ode	ssa, Texas 79762
	If well produces oil or liquids, give location of tanks.	H 11 21S 36E	Yes	5-9-80
	<del>-</del>	th that from any other lease or pool,	give commingling order number:	
٠.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.
i	Designate Type of Completion	<del></del>	Total Denth	DRTD
;	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		<u>L</u> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Depth Casing Shoe
į		TUBING, CASING, AND	CEMENTING RECORD	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
1				
	TEST DATA AND REQUEST FOOL WELL		fter recovery of total volume of load oil opth or be for full 24 hours)	and must be equal to or exceed top allow
į	Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	fi, eic.)
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
1	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF
i		<u> </u>		<u> </u>
_	GAS WELL	I	Phile Conditions of the	Comply of Condessate
1	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Teeting Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
I.	CERTIFICATE OF COMPLIAN	CE	OIL CONSERVA	TION COMMISSION
A A A A A A A A A A A A A A A A A A A			APPROVED	
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.		Craz. Sign	ed By	
		Jerry Seri	(Mg	
		. 11-		
	L. W. Dence	letter	To this is a segment for allow	compliance with RULE 1104.
-	7 / Signa	sture) /	well, this form must be accompa tests taken on the well in accor	nied by a tabulation of the deviation
	DISTRICT S	OPTO		at be filled out completely for allow-

## NEW MEATUR OIL CONSERVATION COMMISSION Form C-104 SANTA FE REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-110 FILE Effective 1-1-65 AND U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS -AND OFFICE OIL TRANSPORTER OPERATOR PRORATION OFFICE Operator The Wiser Oil Company Address P.O. Box 2467 Hobbs, N. Mex. 88240 Reason(s) for filing (Check proper box) Other (Please explain) New Well To show casing head gas Recompletion OIL Dry Gas connection. Change in Ownership Casinghead Gas Condensate If change of ownership give name and address of previous owner \_\_\_\_ II. DESCRIPTION OF WELL AND LEASE Pool Name, Moluding Formation Und. Drinkard Kind of Lease McQuatters Com. 1 State, Federal or Fee Location 990 East Line and \_\_ 1650 North Feet From The Unit Letter Feet From The

**21**S

Township

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

If well produces oil or liquids,	H	H 11 21S 36E		Yes			5-9-80		
give location of tanks.			213 , JUE	Te:	> 	<u>`</u>	3-9-80	<u>,</u>	
If this production is commingled w. COMPLETION DATA	ith that from	m any other	lease or pool,	give comm	ingling orde	number:		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
Designate Type of Complet	ion - (X)	Oil Well	Gas Well	New Weli	Workover	Deepen	Plug Back	Same Resty.	Diff. Restv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of F	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations				1			Depth Casi	ng Shoe	<del></del>
		TUBING	, CASING, AN	D CEMENT	ING RECOR	D			
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		::T	SACKS CEMENT			
			<del> </del>	1	<del> </del>				
				ļ	· · · · · · · · · · · · · · · · · · ·				
	1								

36E

, NMPM,

4001 Penbrook

Lea

Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183 Houston, Tex. 77001
Address (Give address to which approved copy of this form is to be sent)

Range

or Dry Gas

(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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Choke Size Tubing Pressure Casing Pressure Length of Test Gas - MCF Water - Bble. Oil-Bhis. Actual Prod. During Test

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

## VI. CERTIFICATE OF COMPLIANCE

11

The Permian Corporation me of Authorized Transporter of Casinghead Gas X

Phillips Petroleum Company

Name of Authorized Transporter of Oil

Line of Section

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.

District Supt. 5-12-80

(Date)

This form is to be filed in compliance with RULE 1104.

APPROVED\_

TITLE

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.

OIL CONSERVATION COMMISSION

Orig. Signed by John Runyan Geologist

MAY 15 1980

Lease No.

County

Fee

Odessa, Texas 79762

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

completed wells.