

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator THE WISER OILCOMPANY		Well API No. 30-025-24919
Address 700 Petroleum Building, Wichita Falls, TX 76301		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Other (Please explain) <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name DOWENS "B" DOWENS B	Well No. 3-D	Pool Name, Including Formation Tubb Oil & Gas Pool	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter D : 560 Feet From The N Line and 810 Feet From The W Line Section 5 Township 22-S Range 37-E, 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"/> Shell Pipe Line	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2648, Houston, TX 77000					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492, El Paso, TX 79978					
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 5	Twp. 22-S	Rge. 37-E	Is gas actually connected? Yes	When? 8-18-90

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
				XX				
Date Spudded	Date Compl. Ready to Prod. 8-18-90		Total Depth 6704		P.B.T.D. 6495			
Elevations (DF, RKB, RT, GR, etc.) 3465 RT	Name of Producing Formation Tubbs		Top Oil/Gas Pay 6149		Tubing Depth 6000'			
Perforations 6149-52-54-56-57-59-60-62-63-64-65-66-68-97' 6208-41'					Depth Casing Shoe 6007'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4	8-5/8		1118		700sx surf of GR			
7-7/8	5-1/2		6704		800sx			

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 Tank 8-18-90	Date of Test 8-20-90	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 6	Tubing Pressure 400	Casing Pressure Packer	Choke Size 10/64
Actual Prod. During Test	Oil - Bbls. 16.56	Water - Bbls. 0	Gas- MCF 51

GAS WELL

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

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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

Signature
Susan Hopper
Printed Name
8-28-90
Date
Agent
Title
817-723-6552
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN 15 1991
By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT SUPERVISOR
Title

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.