

SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

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

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 <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Downes "B"	Well No. 3	Pool Name, Including Formation Drinkard	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter <u>D</u> : <u>560</u> Feet From The <u>North</u> Line and <u>810</u> Feet From The <u>West</u> Line of Section <u>5</u> Township <u>22S</u> Range <u>37E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Shell Pipe Line Company P.O. Box 1910 Midland, Tex. 79701					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) El Paso Natural Gas Company P.O. Box 1384 Jal, N. Mex. 88252					
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 5	Twp. 22S	Rge. 37E	Is gas actually connected? 5/1	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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 12-13-74	Date Compl. Ready to Prod. 2-6-75	Total Depth 6704'	P.B.T.D. 6677' GR					
Elevations (DF, RKB, RT, GR, etc.) 3453.5 GR	Name of Producing Formation Drinkard	Top Oil/Gas Pay 6541'	Tubing Depth 6645'					
Perforations 51 -- .34" perforations from 6541' to 6663'			Depth Casing Shoe 6689'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
	2-7/8" EUE		6645'					
12 1/2"	8-5/8" 24#		1118'		700 SX.			
7-7/8"	5 1/2" 15.5#		6704'		800 SX.			

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 900	Length of Test 24 hrs.	Bbls. Condensate/MMCF 8	Gravity of Condensate 41
Testing Method (pilot, back pr.) Orifice Tester	Tubing Pressure (Shut-in) 100#	Casing Pressure (Shut-in) 300#	Choke Size 32/64"

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.
(Title)
5-7-75
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY John J. Doney
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 completed wells.