Submit 3 Copies to Appropriate District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

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

WELL API NO. 30-015-05363

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name: Skelly UNIT #48

1. Type of Well: OIL WELL [ ] GAS WELL [ ] OTHER P&A

2. Name of Operator: THE WISER OIL COMPANY.

8. Well No. #48

3. Address of Operator: P.O. Box 2568 Hobbs, New Mexico 88241

9. Pool name or Wildcat: Grayburg Jackson 7 Rivers

4. Well Location
Unit Letter F : 1980' Feet From The FNL Line and 1980' Feet From The FWL Line

Section 23 Township 17S Range 31E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	[ ]	PLUG AND ABANDON	[X]	REMEDIAL WORK	[ ]	ALTERING CASING	[ ]
TEMPORARILY ABANDON	[ ]	CHANGE PLANS	[ ]	COMMENCE DRILLING OPNS.	[ ]	PLUG AND ABANDONMENT	[X]
PULL OR ALTER CASING	[ ]			CASING TEST AND CEMENT JOB	[ ]		
OTHER:	[ ]			OTHER:			[ ]

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

1. Set Cement Retainer @ 3100'. Squeeze 100 SXS - CLASS "C" NEAT CMT
2. Circulate Hole w/ 10# Brine 125# Gel Per Barrel mud.
3. Spot 50 SXS CLASS "C" NEAT CMT @ 2000'
4. Perforate @ 790'. 50' below CSG SHOE. Circ 200 SXS CLASS "C" CMT TO Surf. from 7" x 8 5/8" CSGS Thru Perfs @ 790'
5. Install DRY HOLE MARKER, Clean Loc.

RECEIVED
AUG 23 1997

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

SIGNATURE [signature] TITLE Consultant DATE

TYPE OR PRINT NAME Art Marquez TELEPHONE NO.

(This space for State Use)

APPROVED BY Jim W. Gum TITLE District Supervisor DATE 8/28/97