

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

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO. 30-025-01461

5. Indicate Type of Lease
STATE FEE

6. State Oil & Gas Lease No. B-2148

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
State 18-B

1. Type of Well:
OIL WELL GAS WELL OTHER

8. Well No. 7

2. Name of Operator
The Wiser Oil Company

9. Pool name or Wildcat
Maljamar Grayburg San Andres

3. Address of Operator
PO Box 1412, Artesia, NM 88211-1412

4. Well Location
Unit Letter G : 1980 Feet From The North Line and 2080 Feet From The East Line

Section 18 Township 17S Range 33E NMPM Lea 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 <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: Acidize <input checked="" type="checkbox"/>

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.

10/29/93 - Cleaned well out to 4570'. Acidized perms 4214-4448 w/2500 gal 15% NEFE acid. Put well back on production.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.
SIGNATURE Perry L. Hughes TITLE Agent DATE 12/09/93
TYPE OR PRINT NAME Perry L. Hughes TELEPHONE NO. 505 748-3352

(This space for State Use) **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT I SUPERVISOR
APPROVED BY _____ TITLE _____ DATE DEC 20 1993
CONDITIONS OF APPROVAL, IF ANY: