

Submit 3 copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

310 Old Santa Fe Trail, Room 206
Santa Fe, New Mexico 87503

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

WELL API NO.
30-025-04391

5. Indicate Type of Lease
STATE FEE

6. State Oil & Gas Lease No.
16238

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 SPX ~~Charm~~

1. Type of Well:
Oil Gas
Well Well OTHER

8. Well No.

1

2. Name of Operator
The Wiser Oil Company

9. Pool name or Wildcat
Eumont Yates Seven Rivers Queen

3. Address of Operator
8115 Preston Rd., Ste 400, Dallas, TX 75225

4. Well Location
Unit Letter **B** : 660 Feet From The **North** Line and **1980** Feet From The **East** Line
Section **33** Township **20S** Range **36E** NMPM LEA County

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

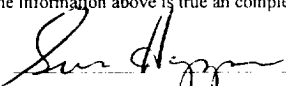
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING CASING TEST AND CEMENT JOB
OTHER: OTHER:

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

04/25/96 Perfs 3849-99'
Acidized w/500 gal 15% (double inhibited) and flush 115 Bbbls fresh wtr and 3 gal clay stabilizer.
Treat w/20 gal paraffin solvent; lead in 5 bbls fresh wtr & clay stabilizer @ 2-1/2 BPM rate

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

SIGNATURE  TITLE Production Administrator DATE 08/23/96

TYPE OR PRINT NAME Susan Hopper TELEPHONE NO. 214/360-3522

(THIS SPACE FOR STATE USE) ORIGINAL FILED IN THE DISTRICT OFFICE

APPROVED BY _____ TITLE _____ DATE 08/23/96

CONDITIONS OF APPROVAL, IF ANY