

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals & 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, NM 87504-2088

WELL API NO. 30-015-05150
5. Indicate Type of Lease (FEDERAL) <input type="checkbox"/> STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. 685460
7. Lease Name or Unit Agreement Name Skelly Unit
8. Well No. 31
9. Pool name or Wildcat Grayburg Jackson 7-Rivers
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3855'

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.)	
1 Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
2. Name of Operator The Wiser Oil Company	
3. Address of Operator P.O. Box 2568 Hobbs, New Mexico 88241	
4. Well Location Unit Letter <u>O</u> : <u>660</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> Line Section <u>15</u> Township <u>17S</u> Range <u>31E</u> NMPM <u>Eddy</u> County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3855'	

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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input checked="" type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <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: <input 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.

1. Set CIBP @ 3100'.
2. Circulate pkr. fluid.
3. Pressure test casing @ 500# for 30 minutes.
4. Clean location.

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

SIGNATURE Mike Jones TITLE Supt. DATE July 15, 1997
TYPE OR PRINT NAME Mike Jones TELEPHONE NO. (505) 392-9797
(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY TIM W. GUM TITLE DISTRICT II SUPERVISOR DATE JUL 21 1997