Submit 3 Copies to Appropriate District Office	State of New Mexico ergy, Minerals and Natural Resources Depar nt		Form C-103 Revised 1-1-89	
<u>DISTRICT I</u> P.O. Box 1980, Hobbs, NM 88240 <u>DISTRICT II</u> P.O. Drawer DD, Artesia, NM 88210 <u>DISTRICT III</u> 1000 no Brazos Rd, Aztec, NM 87410	OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088		WELL API NO. <b>30-015-26725</b> 5. Indicate Type of Lease         STATE ⊠ FEE         6. State Oil & Gas Lease No.         K-5261	
SI (DO NOT USE THIS DIF	7. Lease Name or Unit Agreement Name WISER STATE			
Type of Well	CORPORATION (NEVADA)		8. Well No.	
3. Address of Operator 20 NORTH BROA	9. Pool name or Wildcat Catclaw Draw, East (Delaware)			
4 Well Location Unit Letter <u>E</u> : 22	257 Feet From The <u>NORTH</u>	Line and862	Feet From TheLine	
Section 9	Township 21S Range 10. Elevation (Show wheth GL 3223'	26E Ni her DF, RKB, RT, GR, etc.)	MPM EDDY County	
Check Appropriate Box To Indicate Nature Of Notice, Report, Or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WO TEMPORARILY ABANDON PULL OR ALTER CASING OTHER:		REMEDIAL WORK COMMENCE DRILLING OPN CASING TEST AND CEMEN OTHER: <u>Temporarily Aba</u>	ALTERING CASING	
13 Describe Proposed or Completed	d Operations (Clearly state all pertinent details, and give pertin	nent dates, including estimated date of s	starting any proposed work.) SEE RULE 1103	

Perfs 3092-3105' and 4073-4087' (perfs 2818-3030' previously squeezed)

04-08-97 thru 04-09-97 RU pulling unit. Opened well and flowed to frac tank. SICP 300 psi. Left open to frac tank overnight. Next morning well dead. TOH with rods and pump. NU BOP. TOH with tubing. Ran CIBP, set at 2775'. Tested CIBP to 500 psi, held OK. Circ'd hole with inhibited fluid. TOH and LD work string. ND BOP. Installed wellhead with 1-4' sub and 1 jt 2 7/8" tubing in hole. Circ'd casing and SI well. RD pulling unit.

Wiser State #3 TA'd 04-08-97.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
SIGNATURE Cundace R. Fraham	TITLE ENGINEERING TECHNICIAN	DATE April 9, 1997		
TYPE OR PRINT NAME Candace R. Graham		TELEPHONE NO. (405) 235-3611		
(This space for State use)				
ORIGINAL SIGNED BY TIM W. GUM Approved by DISTRICT, II SUPERVISOR	TITLE	date 007 2 9 1997		