Submit 3 Copies

State of New Mexico

Form C-103

to Appropriate District Office	Energy, Minerals and Natur	Revised 1-1-89								
<u>DISTRICT 1</u> P.O. Box 1980, Hobbs, NM 88240				WELL API NO.	01440					
DISTRICT 2 P.O. Drawer DD. Artesia, NM. 88210 OIL CONSERVATION DIVISION P.O. Box 2088				30-025-24242						
P.O. Drawer DD, Artesia, NM 88210		5. Indicate Type of Lease								
DISTRICT 3				Sta						
1000 Rio Brazos Rd., Aztec, NM 874	10			6. State Oil & Gas Lease I B-2148						
	D-2140									
(DO NOT USE THE	SUNDRY NOTICES AND REPORTS ON S FORM FOR PROPOSALS TO DRILL OR TO DE			7. Lease Name or Unit Ag	reement Name					
D	cooo namo or omeng									
	(FORM C-101) FOR SUCH PROPOSALS			Caprock Maljamar Unit						
1. Type of Well: OIL										
Name of Operator				8. Well No.						
The Wiser Oil Company					9					
3. Address of Operator										
207 W. McKay, Carlsbad, NM 88220 505/885-5433					San Andres					
4. Well Location	660	N	1980		ξ					
Unit Letter		The South Line and	1411	_ Feet From The	West Line					
Section	18 17 Township 17S	Range	33E	NMPM	Lea county					
	10. Elevation (Show whether	DF, RKB, RT, GR, etc.)								
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 JO	DB :							
OTHER:		OTHER: Prepare to convert to WI			X					
12. Describe Proposed or Complete	d Operations (Clearly state all pertinent details, and give pertinent	dates ,including estimated date of starting	ng any proposed	work) SEE RULE 1103.						
N. C.	5									
December 1994	ી પી.ી. Clean out to 4475'. Perf 4184-4358 w/3000 gal 15	% NEFE acid. Set 5 1/2" AD	-1 tension pa	acker at 4086' w/131						
V	jts 2 3/8" plastic coated tubing.									
	Tested casing to 350 psi for 15 minutes, held good	d. Casing Integrity Test appro	oved 07/17/9	5.						

I hereby certify that the inferm	auth above is ture and domplete to the best	of my knowledge and belie	d.		
SIGNATURE	blanes forter	TITLE	Agent	DATE	07/19/95
TYPE OR PRINT NAME	Melanie / Parker	505	/885-5433	TELEPHONE	NO.
(This space for State Use)					JUL 2 4 1995
APPROVED BY ORI	GINAL SIGNED BY JERRY	SEXTON		DATE	JUL 24 1995
CONDITIONS OF APPROVA	TRANSPORT SUPERVISO	K			