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 1
P.O. Box 1980, Hobbs, NM 88240

DISTRICT 2
P.O. Drawer DD, Artesia, NM 88210

DISTRICT 3
1000 Rio Brazos Rd., Aztec, NM 87410

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

WELL API NO.
30-025-01449
5. Indicate Type of Lease
State
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

Caprock Maljamar Unit

1. Type of Well:
OIL WELL [X]   GAS WELL [ ]   OTHER [ ]

2. Name of Operator

The Wiser Oil Company

8. Well No.

29

3. Address of Operator

207 W. McKay, Carlsbad, NM 88220   505/885-5433

9. Pool name or Wildcat

Maljamar Grayburg San Andres

4. Well Location

Unit Letter __M__ : __660__ Feet From The **South** Line and __810__ Feet From The **West** Line

Section __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 [X]	ALTERING CASING [ ]
TEMPORARILY ABANDON [ ]	CHANGE PLANS [ ]	COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]		CASING TEST AND CEMENT JOB [ ]	
OTHER:		OTHER: Prepare to convert to WIW	[X]

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.

April 1995   Clean out and drill new formation from 4535-3565. New TD at 4565. Acidize perfs and OH 4170-4565 w/3000 gal 15% NEFE acid. Put back on production.

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

SIGNATURE _____   TITLE **Agent**   DATE **07/18/95**

TYPE OR PRINT NAME   Jawna Harris   505/885-5433   TELEPHONE NO.

(This space for State Use)

APPROVED BY _____   TITLE _____   DATE **AUG 09 1995**

CONDITIONS OF APPROVAL IF ANY: