

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.	30-025-01451
5. Indicate Type of Lease	
State	
6. State Oil & Gas Lease No.	B-2148
7. Lease Name or Unit Agreement Name	Caprock Maljamar Unit
8. Well No.	32
9. Pool name or Wildcat	Maljamar Grayburg San Andres
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> WIW	
2. Name of Operator The Wiser Oil Company	
3. Address of Operator 207 W. McKay, Carlsbad, NM 88220 505/885-5433	
4. Well Location Unit Letter <u>P</u> : <u>660</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u> Line Section <u>17</u> Township <u>17S</u> Range <u>33E</u> NMPM <u>Lea</u> 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 <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: <u>Converted to Water Injection Well</u> <input checked="" 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.

The above well has been converted to a WIW.

R-10094

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

SIGNATURE Melanie J. Parker TITLE Agent DATE 07/18/95
TYPE OR PRINT NAME Melanie J. Parker 505/885-5433 TELEPHONE NO.

(This space for State Use)
APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON TITLE DISTRICT SUPERVISOR DATE JUL 24 1995

CONDITIONS OF APPROVAL IF ANY:

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