Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DATE

DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240						WELL API NO.			
OIL CONSERVATION DIVISION						30-025-01455			
P.O. Drawer DD, Artesia, NM 88210 P.O. Box 2088						5. Indicate Type of Lease			
		Santa Fe, Ne	w Mexico 87504-2	2088			State		
DISTRICT 3 1000 Rio Brazos Rd., Aztec, NM 87410						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						7. Lease Name or	Unit Agreement N	lame	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"						O I - Marii I Inii			
(FORM C-101) FOR SUCH PROPOSALS.) Type of Well:						Caprock Maljamar Unit			
OIL GAS WELL WEL	: !] WIW							
2. Name of Operator						8. Well No.			
The Wiser Oil Company						19			
3. Address of Operator						9. Pool name or Wildcat			
207 W. McKay, Carlsbad, NM 88220 505/885-5433						Maljamar Grayburg San Andres			
4. Well Location									
Unit Letter	:	1980 Fe	outh	Line and	660	Feet From The	West	_ Line	
Section	17	Township 17S		Range	33E	NMPM	Lea	County	
		10. Elevation (Show	whether DF, RKB, RT, G	R, etc.)					
NOTICE	Check Appropri OF INTENTION TO:	iate Box to Indi	cate Nature of			· Data NT REPOR	ГОГ		
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 JOB				ОВ					
OTHER: OTHER: Deepen & prepare to co						onvert to WIW. x			
12. Describe Proposed or Comple	eted Operations (Clearly state all pe								
February 1995	Cleaned well & deepened	d to 4630'. Perf 41	64-4434 (16 holes)). Acidized perfs	& OH 4164-	4630 w/2500 ga	al 15% NEFE		
	acid. Set 5 1/2" AD-1 ter	nsion packer at 406	68 w/129 its 2 3/8"	plastic coated tul	bing.				
	20.2. 20.0 112 / 10 / 10/			,	-				
	Tested casing to 350 psi	for 15 minutes, he	ld good. Casing Ir	ntegrity Test appr	oved 07/17/9	95.			
4		\							
I hereby certify that the information	n above is ture and complete to the be	est of my knowledge and	belief.						
SIGNATURE (Manes Start	A TITLE	Agent			ATE 07	/19/95		
TYPE OR PRINT NAME	Melanie J. Parker	_	505/885-5433			ELEPHONE NO.			
							111 9 4	400E	
(This space for State Use)	1511 - 1511 - 138 編2	RY SEXTON			n	ATE J	UL 24	はなり	

CONDITIONS OF APPROVAL IF ANY:

APPROVED BY

OCUMUESS OFFICE