

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

WELL API NO.	30-025-01455
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	B-2148
7. Lease Name or Unit Agreement Name	
CAPROCK MALJAMAR UNIT (Property No. 14578)	
8. Well No.	19
9. Pool name or Wildcat	MALJAMAR GRAYBURG SAN ANDRES

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 GAS WELL X OTHER WIW

2. Name of Operator
THE WISER OIL COMPANY

3. Address of Operator
207 W MCKAY, CARLSBAD NM 88220

4. Well Location
Unit Letter L : 1980 Feet From The South Line and 660 Feet From The West Line
Section 17 Township 17S Range 33E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

11. 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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: CASING INTEGRITY TEST <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.

05/02/94 - CASING INTEGRITY TEST
PRESSURE TESTED CASING TO 350 FOR 15 MINUTES, HELD GOOD.
NO PRESSURE LOSS

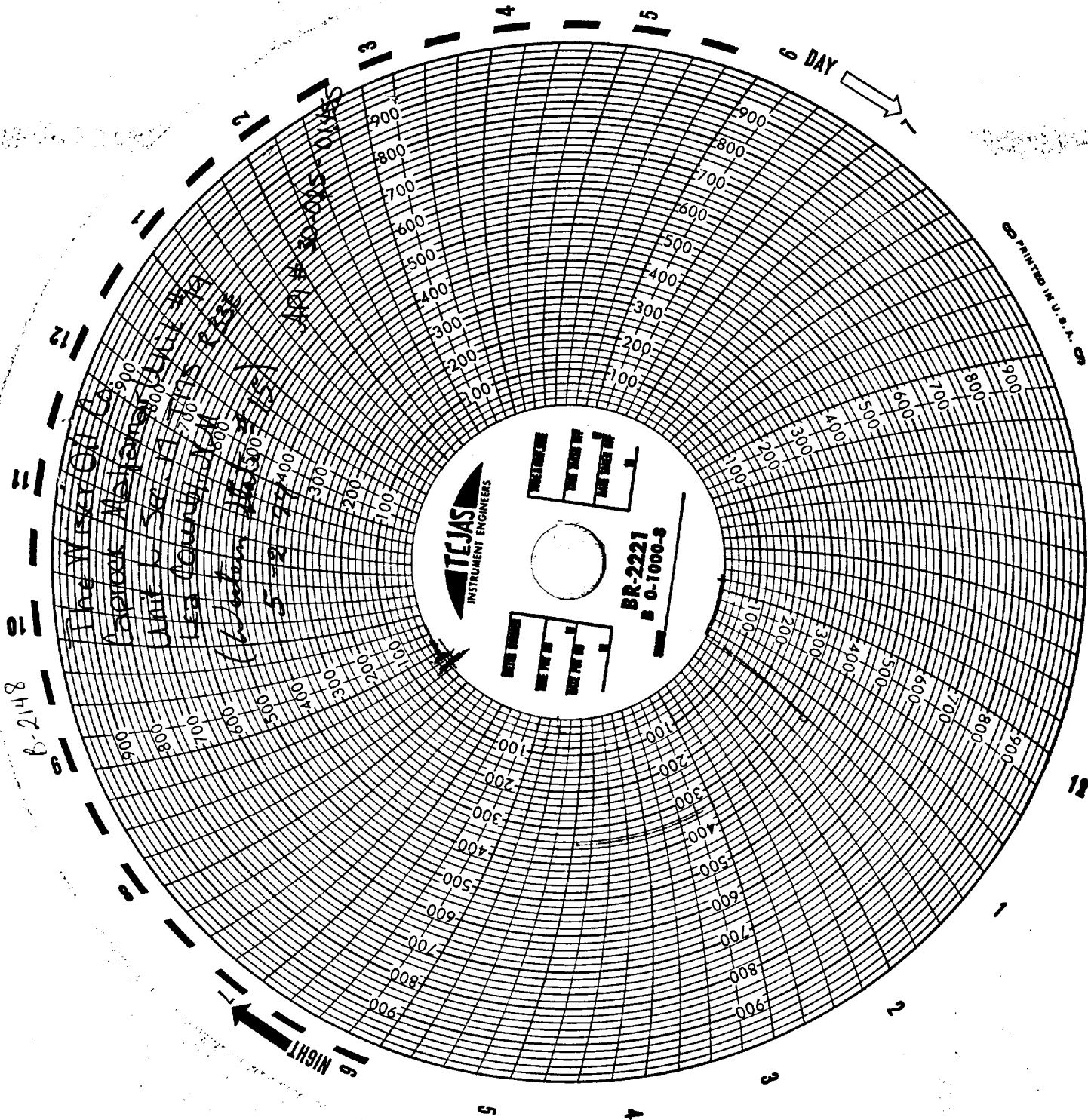
I hereby certify that the information above is true and complete to the best of my knowledge and belief.
SIGNATURE Perry L. Hughes TITLE AGENT DATE 5/31/94
TYPE OR PRINT NAME J Perry W. Hughes TELEPHONE NO 885-5433

(This space for State Use)
APPROVED BY _____ TITLE _____ ORIGINAL SIGNED BY _____ DATE JUN 08 1994
CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

JUN 02 1954

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