

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.
30-025-01477
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.)	
1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> WIW	7. Lease Name or Unit Agreement Name Caprock Maljamar Unit
2. Name of Operator The Wiser Oil Company	8. Well No. 53
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 <u>H</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> Line Section <u>19</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"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	PLUG AND ABANDONMENT <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 <u>Melanie J. Parker</u>	TITLE <u>Agent</u>	DATE <u>07/18/95</u>
TYPE OR PRINT NAME <u>Melanie J. Parker</u>	<u>505/885-5433</u>	TELEPHONE NO.

(This space for State Use)

APPROVED BY <u>ORIGINAL SIGNATURE BY JERRY SEXTON</u>	TITLE <u>DISTRICT 1 SUPERVISOR</u>	DATE <u>JUL 24 1995</u>
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CONDITIONS OF APPROVAL IF ANY:

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