

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

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

WELL API NO.	30-025-01484
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	2149
7. Lease Name or Unit Agreement Name	
CAPROCK MALJAMAR UNIT (Property No. 14578)	
8. Well No.	51
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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> 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 F : 1980 Feet From The North Line and 2048 Feet From The West Line Section 19 Township 17S Range 33E NMMPM 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"/>	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"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <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.

04/27/94 - 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
Perry L. Hughes

TITLE

AGENT

DATE

5/31/94

TYPE OR PRINT NAME

TELEPHONE NO. 885-5433

(This space for State Use)

ORIGINAL FILED IN 30-025-01484-51
DATE 6/8/94

JUN 08 1994

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

JUN 02 1984

OCD number
311201

