

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.	30-025-01490
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	B-2148

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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	7. Lease Name or Unit Agreement Name CAPROCK MALJAMAR UNIT (Property No. 14578)
2. Name of Operator THE WISER OIL COMPANY	8. Well No. 70
3. Address of Operator 207 W MCKAY, CARLSBAD NM 88220	9. Pool name or Wildcat MALJAMAR GRAYBURG SAN ANDRES
4. Well Location Unit Letter J : 1980 Feet From The South Line and 1980 Feet From The East Line Section 20 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.

05/10/94 - 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 Perry L. Hughes TELEPHONE NO. 885-5433

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

JUN 23 1994

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

JUN 12 1967

OFFICE

U.S. DEPARTMENT OF JUSTICE

