Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

<u>DISTRICT 1</u> P.O. Box 1980, Hobbs, NM 88240

DISTRICT 2 P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

30-025-01498

WELL API NO.

P.O. Diswer DO, Altesia, Nini 30210		Santa F	e. New Mexico 87504-2	n88		5. Indicate Type of I	_0250		
DISTRICT 3		banai	e, New Mexico 0/304-2	.000			State		
1000 Rio Brazos Rd., Aztec, NM 874	10					6. State Oil & Gas L			
						B-2	2148		
	SUNDRY NOTICES	AND REPO	RTS ON WELLS						
(DO NOT USE THIS	S FORM FOR PROPOSA	ALS TO DRILL	OR TO DEEPEN OR PI	LUG BACK TO A	\	7. Lease Name or U	Jnit Agreement Nam	10	
D									
(FORM C-101) FOR SUCH PROPOSALS.)							Caprock Maljamar Unit		
1. Type of Well: OiL GAS WELL X WELL	OTHER						•		
2. Name of Operator						8. Well No.			
The Wiser Oil	Company						68		
3. Address of Operator							9. Pool name or Wildcat		
207 W. McKay	, Carlsbad, NM 882	220 505/88	35-5433			Maljamar Gray	burg San Andre	es	
4. Well Location									
Unit Letter	<u>L</u> :	1650	Feet From The South	Line and	990	Feet From The	Westu	ine	
Section	20	Township	178	Range	33E	NMPM	Lea c	County	
		10. Elevation	(Show whether DF, RKB, RT, Gi	R, etc.)					
		riate Box to	Indicate Nature of 1						
NOTICE C	F INTENTION TO:			SU	BSEQUE	NT REPORT	OF		
PERFORM REMEDIAL WORK	PERFORM REMEDIAL WORK PLUG AND ABANDON			REMEDIAL WORK		ALTERING CASING			
TEMPORARILY ABANDON	CHANGE PLAN	18	COMMEN	CE DRILLING OPNS.		PLUG	AND ABANDONME	ENT	
PULL OR ALTER CASING			CASING T	EST AND CEMENT JO	ОВ	<u> </u>			
OTHER:			OTHER:	Prepare to c	onvert to WI	w			
12. Describe Proposed or Complete	d Operations (Clearly state all p	pertinent details, and	give pertinent dates ,including e	estimated date of starting	ng any proposed	work) SEE RULE 11	03.		

Drill and clean out 4253-4451. Acidize OH 4190-4451 w/3000 gal 15% NEFE acid. Set 133 jts 2 3/8" tbg at 4269'. March 1995 Put back on production.

I hereby certify that the information SIGNATURE	ation above is ture, and complete to the best	f my knowledge and	belief. Agent	DATE 07/18/95	
TYPE OR PRINT NAME	Jawna Harris		505/885-5433	TELEPHONE NO.	
(This space for State Use) APPROVED BY	1000 1000 1000	TITLE		DATE AUG 09	995

ALL DI 1990 OCD MOBILE OFFICE