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 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. 30-025-01501

5. Indicate Type of Lease STATE [X] FEE [ ]

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.)

7. Lease Name or Unit Agreement Name: CAPROCK MALJAMAR UNIT

1. Type of Well: OIL WELL [X] GAS WELL [ ] X OTHER WIW

2. Name of Operator: The Wiser Oil Company

8. Well No. 57

3. Address of Operator: 207 W. McKay, Carlsbad, NM 88220

9. Pool name or Wildcat: Maljamar Grayburg San Andres

4. Well Location
Unit Letter H : 1980 Feet From The North Line and 660 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 [ ]	PLUG AND ABANDON [ ]	REMEDIAL WORK [ ]	ALTERING CASING [X]
TEMPORARILY ABANDON [ ]	CHANGE PLANS [ ]	COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]		CASING TEST ~~AND CEMENT JOB~~ [X]	
OTHER: [ ]		OTHER: [ ]	

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.

11/10/94 - Perf'd 4219, 20, 21, 64, 65, 67, 4303, 04, 37, 38, 47, 67, 71, 72, 86, 94, 95, 4403, 08, 12, 13, 33, 40, 45, 60, 4517, 18, 22, 23, 26, 83 & 85 (32 holes). Acidized perfs 4219-4585 w/ 5000 gal 15% NEFE acid.

11/11/94 - Ran 7" AD-1 packer & 126 jts 2 3/8" coated tubing. Set packer @ 3930'. Pressure test casing to 300# for 15 min. Held good.

11/23/94 - Began injection.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Melanie Parker TITLE Agent DATE 12/20/94

TYPE OR PRINT NAME Melanie J. Parker 505/885-5433 TELEPHONE NO.

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE DEC 27 1994

CONDITIONS OF APPROVAL, IF ANY:

JCBN

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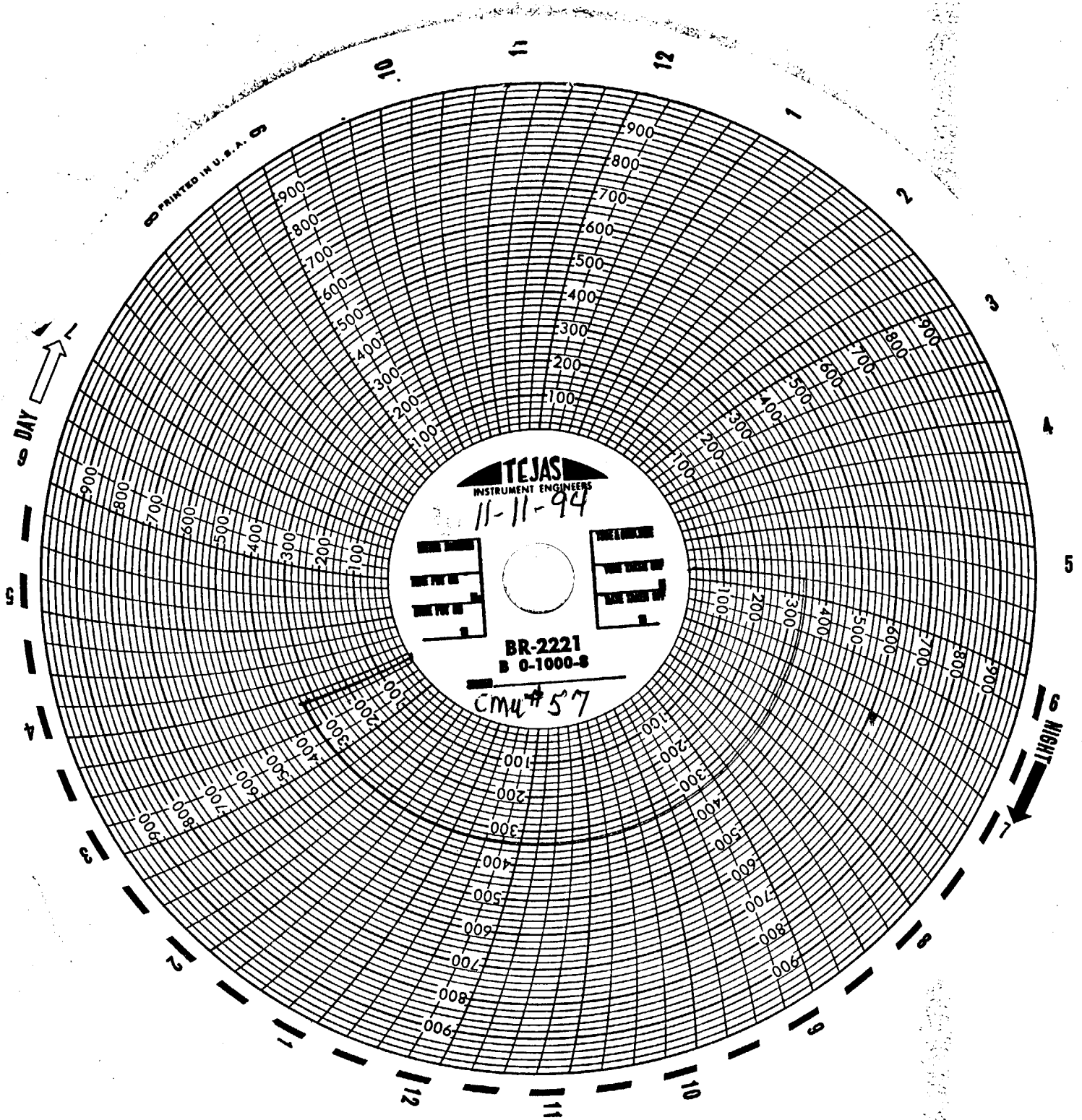
PRINTED IN U.S.A.
DAY
NIGHT
TEJAS
INSTRUMENT ENGINEERS
11-11-94
BR-2221
B 0-1000-8
CMU #57