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## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT 1

CONDITIONS OF APPROVAL IF ANY:

	PROFESCO / SUPERVISOR			ATE JUL 24	7Q <b>U</b> 5		
(This space for State Use)	ENTER SEXTON			1111 🗛 4	4000		
TYPE OR PRINT NAME	Melanie J. Parker	505/885-5433	TE	ELEPHONE NO.			
SIGNATURE	lam Hatter III	E Agent	D	ATE 07/19/95			
I hereby certify that the intompute	n above is ture and complete to the best of my knowled	ge and belief.	10-10-10-10-10-10-10-10-10-10-10-10-10-1				
_							
	Tested casing to 350 psi for 15 minut	es, held good. Casing Integrity Te	st approved 07/17/9	95.			
	2 3/8" plastic coated tubing.						
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	C.Sanda dal lo 1990. Molaizo pono	100 1010 W 2000 gai 1070 NEFE 8	iola. Set / Eluel le	sision packer at 4041 1	m 120 jis		
March 1995	Cleaned out to 4448'. Acidize perfs 4	198-4375 w/2500 gal 15% NEFE a	icid Set 7" Elder te	ension nacker at 4044's	w/128 its		
	Committee of the control of the cont	g p errorn ageor intomoning assimilated dat	- or ordinary any proposed	GROWN, DEE NOLE 1103.			
	leted Operations (Clearly state all pertinent details, a	<u> </u>			<del>= : </del>		
OTHER:	OTHER: Prepare to convert to W			 <b>IW</b> .	- x		
TEMPORARILY ABANDON PULL OR ALTER CASING	CHANGE PLANS	COMMENCE DRILLING CASING TEST AND C		PLUG AND A	BANDONMENT		
PERFORM REMEDIAL WORK			0.000	ALTERING CASING			
	OF INTENTION TO:	1	SUBSEQUE	NT REPORT OF			
**************************************		Indicate Nature of Notice,					
	10. Elevation	(Show whether DF, RKB, RT, GR, etc.)					
Section	20 Township	17S Range	33E	NMPM L	.ea County		
Unit Letter		Feet From The North Line	and <u>660</u>	Feet From The VV	est Line		
:	D : 660	F is To North	. 660	\	/h		
4. Well Location				Waljamai Grayburg	pail Allules		
207 W. McKay, Carlsbad, NM 88220 505/885-5433				Pool name or Wildcat     Maljamar Grayburg San Andres			
3. Address of Operator							
2. Name of Operator  The Wiser C	)il Company			8. Well No.	41		
WELL WE	LL OTHER X WIW						
1. Type of Well: OIL GA:		· · · · · · · · · · · · · · · · · · ·					
(FORM C-101) FOR SUCH PROPOSALS.)				Caprock Maljamar Unit			
	r. coase Haine of Olia Agre	ement name					
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A				7. Lease Name or Unit Agreement Name			
	SUNDRY NOTICES AND REP	ODTS ON WELLS		B-2148			
1000 Rio Brazos Rd., Aztec, NM 87410				State 6. State Oil & Gas Lease No.			
DISTRICT 3	Santo	Fe, New Mexico 87504-2088		Stat			
DISTRICT 2 P.O. Drawer DD, Artesia, NM 882				30-025-01503 5. Indicate Type of Lease			
	OII CONCEDUATION DIVICION						
P.O. Box 1980, Hobbs, NM 88240	1			WELL API NO.			