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.	
	3002520761
5. Indicate Type of Lease	STATE [X] FEE [ ]
6. State Oil & Gas Lease No.	

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

Maljamar Grayburg Unit
~~Unit #8910088480~~

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

2. Name of Operator
The Wiser Oil Company

8. Well No.
2

3. Address of Operator
PO Box 1412, Artesia, NM 88211-1412

9. Pool name or Wildcat
Maljamar Grayburg San Andres

4. Well Location

Unit Letter __L__ : __2310__ Feet From The ___South___ Line and ___330___ Feet From The ___West___ Line

Section __2__   Township __17S__   Range __32E__   NMPM   Lea   County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4263' GR

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 [ ]
TEMPORARILY ABANDON [ ]	CHANGE PLANS [ ]	COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]		CASING TEST AND CEMENT JOB [ ]	
OTHER: Deepen approximately 215' [X]		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.

We plan to drill out the 5-1/2" casing with a 4-3/4" bit to
4440' to evaluate the upper San Andres formations. We plan
to log and complete open hole, will acidize and possibly frac.

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 _10/7/92_

TYPE OR PRINT NAME   Melanie Ø. Parker   TELEPHONE NO.

(This space for State Use)

APPROVED BY _____   TITLE _____   DATE _____

CONDITIONS OF APPROVAL, IF ANY: