

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.	30-025-31981
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
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.)	
1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	7. Lease Name or Unit Agreement Name CAPROCK MALJAMAR UNIT PROPERTY NO. 14578
2. Name of Operator THE WISER OIL COMPANY	8. Well No. 139
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 : 1365 Feet From The North Line and 1260 Feet From The East Line Section 18 Township 17S Range 33E NMPM Lea County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4215' GR	

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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: EXTEND PERMIT TO DRILL <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input 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.

We request an extension of the approved Application for Permit to Drill on the above described well.

(Previously named State 18-B #10)

Expires Dec 22, 1994

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 06/16/94
TYPE OR PRINT NAME PERRY L HUGHES 505-885-5433 TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY JUDY SEXTON
DISTRICT SUPERVISOR

JUN 21 1994

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

1911

AND ALBANY
OFFICE