**PULL OR ALTER CASING** 

CONDITIONS OF AFFROVAL, IF ANY:

Submit 3 Copies to Appropriate District Office	State of New Mexico Energy, Muscrals and Natural Resources Department		Form C-103 Revised 1-1-89		
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION P.O. Box 2088		WELL API NO. 30-025-32044		
DISTRICT II P.O. Drawer DD, Artesia, NM 88210  Santa Fe, New Mexico 87504-2088		5. Indicate Type of Lease STATE X FEE			
DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410			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		
1. Type of Weil:			CAPROCK MALJAMAR UNIT		
OIL X WELL WELL	OTHER		PROPERTY NO. 14578		
2. Name of Operator THE WI	SER OIL COMPANY		8. Well No. 181		
3. Address of Operator		9. Pool name or Wildcat			
207 W	MCKAY, CARLSBAD NM 8	38220	MALJAMAR GRAYBURG SAN ANDRES		
4. Well Location  Unit Letter H :14	108 Feet From The North	Line and12(	6 Feet From The East Line		
Section 20	Township 17S Ran		NMPM Lea County		
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4158 GR					
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. L PLUG AND ABANDONMENT L		

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.

X

OTHER:

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

CASING TEST AND CEMENT JOB

(Previously named Western State #20)

EXTEND PERMIT TO DRILL

I hereby certify that the information above is true and complete to the best of my knowledge and belief.  SKINATURE  TYPE OR PRINT NAME  PERRY L HUGHES  TITLE  Agent  505-885-5433  TELEPHONE NO.  JUN 21 199	APPROVED BY	m.e	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE  DEPROY I. HIIGHES  SOS-885-5433  THE PERONE NO.	(This space for State Use)	Mark States Park of the Control of t	JUN 21 199
I hereby certify that the information above is true and complete to the best of my knowledge and belief.  Agent  O6/16/94	TYPE OR PRINT NAME PERRY L HUGHES	505-885-5433	TELEPHONE NO.
	Orran I Junkes	Agent	DATE
	I hereby certify that the information above is true and complete to the best of my know.		c 30, 1994