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 OIL CONSERVATIO P.O. Box 208 Santa Fe, New Mexico	88	WELL API NO. 30-025-32422 5. Indicate Type of Lease
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410		STATE X FEE 6. State Oil & Gas Lease No. B-2148
SUNDRY NOTICES AND REPORTS ON WEL (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN DIFFERENT RESERVOIR. USE "APPLICATION FOR PE (FORM C-101) FOR SUCH PROPOSALS.)	OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name Caprock Maljamar Unit
1. Type of Well: OIL GAS WELL X WELL OTHER		-Caprock Marjamar Unit
2 Name of Operator The Wiser Oil Company		8. Well No. 153
3. Address of Operator 207 W. McKay, Carlsbad, NM	88220	9. Pool name or Wildcat Maljaman Grayburg San Andres
4. Well Location Unit Letter N: 1299 Feet From The South		7 Feet From The West Line
Section 17 Township 17S R	tange 33E	NMPM Lea County
10. Elevation (Show whether		1200'
11. Check Appropriate Box to Indicate		
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 C		CEMENT JOB []
OTHER:	OTHER:	
12. Describe Proposed or Completed Operations (Clearly state all persinent details, work) SEE RULE 1103.	and give pertinent dates, inc	duding estimated date of starting any proposed
09/29/94 - Ran CBL. Perf'd 4728, 30, 44, 47, 48, 49, 50 (7 holes).		
09/30/94 - Acidized perfs 4728-4750 w/ 2000 gal 15% NEFE. Swabbed well back.		
10/01/94 - Acidized perfs 4728-4750 w/ 3000 gal 20% CRA & 1000 gal 15% NEFE. Flowed & swabbed well back.		
10/02/94 - Perf'd 4494, 96, 4505, 07, 08, 15, 16, 22, 26 15% NEFE. Flowed & swabbed well back.	5, 40, 41 (11 holes). <i>F</i>	Acidized perfs 4494-4541 w/ 2000 gal
I hereby certify that the information above is true and complete to the best of my knowledge	and belief. Muz Agent	10/06/94 DATE
TYPE OR PRINT NAME Melanie J. Parker	505/885-5433	TELEPHONE NO.
(Thus space for State Use) Online, Silented by		OCT 1 2 1994
APPROVED BY————————————————————————————————————	TITLE	DATE

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