Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY:

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	OIL CONSERVA P.O. Bo		WELL API NO. 30-02	25-32550
DISTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210		5. Indicate Type of Lease	EX 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 Caprock Maljamar Unit	
1. Type of Well: OIL GAS WELL X WELL [OTHER			
2. Name of Operator The Wise	er Oil Company		8. Well No. 193	
3. Address of Operator 207 W. 1	McKay, Carlsbad, N	IM 88220	9. Pool name or Wildcat Maljamar Grayburg	San Andres
4. Well Location Unit Letter E : 2	516 Feet From The North	th Line and 62	Feet From The	West Line
Section 20	Township 17S	Range 33E	nmpm Lea	County
	10. Elevation (Show	whether DF, RKB, RT, GR, etc.)	4210' GR	
	ck Appropriate Box to Ind INTENTION TO:		Report, or Other Data	T OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERIN	ig casing
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLIN	G OPNS. PLUG AI	ND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND C	EMENT JOB	
OTHER:		OTHER:		
12. Describe Proposed or Completed (work) SEE RULE 1103.	Operations (Clearly state all pertinent	details, and give pertinent dates, incl	uding estimated date of starting o	nny proposed
12, 13, 1	141, 46, 47, 87, 88, 89, 4 14, 27, 30, 31, 49, 58, 62 gal 15% NEFE. Flowed	2, 63 (27 holes). Acidi	55, 87, 88, 4303, 04, 1 zed perfs 4141-4363	l 1 ,
09/10/94 - Frac'd p Brady sa	erfs 4141-4363 w/ 74,30 and & 44,000# 12/20 Br	00 gal 35# linear gel w ady sand. Flowed wel	/ 95,000# 20/40 I back.	
09/16/94 - Ran 138 to batter	3 jts 2 7/8" tbg & set @ 4 'y.	1666'. Ran rods & pun	np. Began pumping	
I hereby certify that the infofmation above	s is true and complete to the best of my kno	wiedge and belief.		10/6/04
SIGNATURE //	ine Harken	mnz Agent	DAT	10/6/94
TYPE OR PRINT NAME Melar	nie J. Parker	505/885-5433		EPHONE NO.
(Thus space for State Use)	Comed by		OCT	12 1994
A PROPOSITION DAY		TITLE	DAT	E