Submit 3 Copies to Appropriate District Office

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

DISTRICT 1

P.O. Box 1980, Hobbs, NM 88240

DISTRICT 2 P.O. Drawer DD, Artesia, NM 88210

## OIL CONSERVATION DIVISION

P.O. Box 2088

Revised 1-1-89

30-025-32731

WELL API NO.

P.O. Drawer DD, Artesia, NM 88210		P.O. Box 2088 Santa Fe, New Mexico 87504-2088					5. Indicate Type of Lease			
DISTRICT 3 1000 Rio Brazos Rd., Aztec, NM 87410					State 6. State Oil & Gas Lease No.					
						B-2	2148			
SUNDRY NOTICES AND REPORTS ON WELLS										
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A						7. Lease Name or Unit Agreement Name				
DII	FFERENT RESERV	OIR. USE "APPLIC	ATION FOR PERMIT"				•			
(FORM C-101) FOR SUCH PROPOSALS.)						Caprock Maljamar Unit				
1. Type of Well: OIL GAS WELL X WELL	OTHER			***	***	Gaprook Wil	njarriar Om	i i :		
2. Name of Operator						8. Well No.				
The Wiser Oil Company						67				
3. Address of Operator		<del></del>				9. Pool name or Wi	dcat			
207 W. McKay, Carlsbad, NM 88220 505/885-5433					Maljamar Grayburg San Andres					
4. Well Location						1				
Unit Letter	:	1945	Feet From The South	Line and	734	_ Feet From The	East	Line		
Section	19	Township 1	7S	Range	33E	NMPM	Lea	County		
			how whether DF, RKB, RT, GR,	,						
NOTICE OF	Check App	propriate Box to Ir	ndicate Nature of N				<u> </u>	<u>(IIII in Sinters</u>		
NOTICE OF INTENTION TO: SUBSEQUEN					IT REPORT OF					
PERFORM REMEDIAL WORK PLUG AND ABANDON		REMEDIAL WORK			ALTERING CASING					
TEMPORARILY ABANDON	CHANGE	PLANS	COMMENCE	DRILLING OPNS		PLUG	AND ABANDON	MENT		
PULL OR ALTER CASING		_	CASING TES	ST AND CEMENT	JOB	7		<u> </u>		
OTHER: Convert to V	viw	X	OTHER:		_	_				

We request permission to convert the above well to a WIW. This is expansion of the Caprock Maljamar Waterflood Project and was approved under Division Order R-10094.

I hereby certify that the information above is ture and complete to the beaton my know	wledge and belief.  TITLE Agent	DATE 07/20/95			
TYPE OR PRINT NAME Melanie J. Parker	505/885-5433				
	000,000-0400	TELEPHONE NO.			
(This space for State Use)		80 -			
APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON	TITLE	DATE JUL 24 1995			
CONDITIONS OF APPROVAL HANY DICT I SUPERVISOR	4				

<sup>12.</sup> 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.

RECEIVED

181 2 1 1995 U C 13 1808BS OFFICE