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

OIL CONSERVATION DIVISION

WELL API NO.

			30x 2088	1	30	0-025-32929	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088					5. Indicate Type of	(Lease	
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410					6. State Oil & Gas	STATE F	
						~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
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; on. weil. X	GAS WELL	OTHER			Caprock Ma	ljamar Unit	
2. Name of Operator The	Wiser Oil	L Company			8. Well No. 16	52	
3. Address of Operator 2 0 7	W. McKay	, Carlsbad,	NM 8	8220	9. Pool name or W Maljaman Gr	Vilder ayburg San Andr	es
4. Well Location					!		
Unit Letter O	_: <u>56</u>	eet From The So	uth	Line and259	5 Feet From	The East	Line
Section 18			Ran		NMPM L	ea	County
		10. Elevation (Sho	w whether E	OF, RKB, RT, GR, etc.) 4	148 GR		
11.	Check Appr	opriate Box to In	dicate N	lature of Notice, R	eport, or Other	Data	77777
	OF INTEN	-			SEQUENT F		
PERFORM REMEDIAL WOR	к 🗆	PLUG AND ABANDO	, \Box	REMEDIAL WORK		ALTERING CASING	X
TEMPORARILY ABANDON		CHANGE PLANS		COMMENCE DRILLING	OPNS.	PLUG AND ABANDONI	MENT _
PULL OR ALTER CASING				CASING TEST AND CE	MENT JOB		
OTHER:			_ 🗆	OTHER:			[
12. Describe Proposed or Coun- work) SEE RULE 1103.	pleted Operations (Clearly state all pertinen	t details, an	d give pertinent dates, inclu	ding estimated date of	of starting any proposed	
05/26/95 - Frac perfs	s 4076-4453 w/8	30,000 gal 35# linear ç	gel w/95,0	00# 20/40 sand & 44,0	00# 12/20 sand		
06/01/95 - Ran 2 7/8	" tbg. SN set at	4693'					
06/02/95 - Ran 2 1/2	" x 2" x 20' pum	p. Began pumping to	battery				
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		•					
and the second							
	· /						
I hereby certify that the information	a spore is true and o	complete to the best of my in	owiedge and			06/16/	05
SIGNATURE	Clare	January January	m			DATE	<i>-</i>
TYPE OR PRINT NAME M	elanie J. 1	Părker		505/885-5433		TELEPHONE NO.	
_	OPIGINAL CIC	SIFE BY IMPRIL AND					

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR

DATE .

APPROVED BY-CONDITIONS OF APPROVAL, IF ANY: JUN 2 0 1995