	-		N.M. OILCONS. COMMISSION P.O. BOX 1980 HOBBS. NEW MEXICO 88240
orm 3160-5	UNITED STATI		FORM APPROVED
UNE 1990)	DEPARTMENT OF THE BUREAU OF LAND MAN		Budget Bureau No. 1004-0135 Expires Merch 31, 1993
	BONERO OF EARD MAR		5. Lease Designation and Serial No.
	SUNDRY NOTICES AND REPORTS ON WELLS		NM 064150
	Do not use this form for proposals to drill or to deepe Use "APPLICATION FOR PERMIT		6. If Indian, Allotte or Tribe Name
·····	SUBMIT IN TRIPLICATE		7. If Unit or CA, Agreement Designation
. Type of Well	XI Wel Gas Wel X Other New Well		Maljamar Grayburg Unit
2. Name of Operator			8. Weil Name and No.
The Wiser Oil Company			106
. Address and Teleph	one No.		9. Well API No.
	207 W MaKey Catched NM 88220 885 543	30-25-33039 10. Field and Pool, or Exploratory Area	
207 W. McKay, Carlsbad, NM 88220 885-5433 4. Location of Well (Foolage, Sec., T., R., M., or Survey Description)			Maljamar Grayburg San Andres
			11. County or Parish, State
	1534' FNL & 1372' FWL, Unit F, Section 10-T1	7S-R32E	
			Lea County, NM
2.	CHECK APPROPRIATE BOX(S) TO IN	IDICATE NATURE OF NOTICE, REPO	ORT, OR OTHER DATA
	TYPE OF SUBMISSION	TYPE (OF ACTION
	X Notice of Intent	Abandonment	Change of Pians
	X Notice of Intent		New Construction
	Subsequent Report	Plugging Back	Non-Routine Fracturing
	_	Casing Repair	Water Shut-Off
	Final Abandonment Notice	Altering Casing	Conversion to Injection
		X Other Permit extension	Dispose Water
			(Note: Report results of multiple completion on Well
	d or Completed Operations (Clearly state all pertinent details, and give pertinent da	has including actimated date of starting any proposed work	Completion or Recompletion Report and Los ferm.)
	d or Completed Operations (Clearly state at pertinent octains, and give pertinent of Inface locations and measured and true vertical depths for all markers and zones pe		
			<1°
١	Ve request an extension on the Permit To Drill approved 07/19/	95 on the above captioned well.	
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14. I hereby certify th	APP ENC at the foregoing is true and correct Manuffacture N. OR STATE OFFICE USE)	PROVED FOR <u>12</u> MOR DING <u>7/19/97</u>	Date 12/5/95
14. I hereby certify th Signed	APP END at the foregoing is true and correct	PROVED FOR <u>12</u> MOR DING <u>7/19/97</u>	Date 12/5/95
14. I hereby certify th Signed (THIS SPACE FOR FEDER) Approved By	APP END at the foregoing is true and correct Manufature A or state office USE CORMS. SCO.) MOF G. LARA	PROVED FOR <u>12</u> MOR DING <u>7/19/97</u>	Date 12/5/95
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as to any matter within its jurisdiction.