Submit 3 copies to Appropriate District Office

State of New Mexico Energy, and Natural Resources Department

Form C-103 Revised 1-1-89

OIL CONSERVATION DIVISION

DISTRICT I	310 Old Santa Fe Trail, Room 206			WELL API NO).		
P.O. Box 1980, Hobbs, NM 88240		Santa Fe, New Mexico 87503			30-025-33084		
DISTRICT II P.O. Box Drawer DD, Artesia, NM 882	10			5. Indicate Ty	pe of Lease STATE X FEE		
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 8741	0			6. State Oil &	Gas Lease No. B-2148		
SUNDRY NOTICES AND REPORTS ON WELLS							
(DO NOT USE THIS	EEPEN OR PLUG BACK TO A						
DIFFERENT RESERVOIR USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)				7. Lease Name	e or Unit Agreement Name		
1. Type of Well: Oil X Gas Well Well	OTHER				Caprock Maljamar Unit		
2 Name of Operator The Wiser Oil Company				8. Well No. 208			
3. Address of Operator				9 Pool name or Wildcat			
4 Well Location	5 Preston Road, Suite 400, Dallas, TX 7522	<u> </u>					
Unit Letter M	Feet From The South	Line and	175 Feet From The		West	Line	
Section 20	Township 17S Range 10 Elevation (Show whetther L	33E	NMPM		County L	ea	
NOTIC	Check Appropriate E CE OF INTENTION TO:	sox to Ind	icate Nature of Notice, Report, or Other D SUBSEQU	oata JENT REPOR	T OF:		
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WORK		RING CASING		
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRILLING OPNS.	PLUG	AND ABANDONMENT		
PULL OR ALTER CASING			CASING TEST AND CEMENT JOB				
OTHER:	- A		OTHER: Perf & acidize			X	
12 Descibe Proposed or Completed O SEE RULE 1103.	peration (Clearly state all pertinent details, and give p	ertinent dat	es, including estimated date of starting any propo	sed work)			
04/23/96 Perforate @ 4369, 86, 87, 4441, 42-46, 64, & 65 w/SPF (11 holes). Acidize perfs 4369-4465' w/1600 gals 15% NEFE acid.							
04/25/96 Perforate @ 4107, 08, 09, 23, 77, 78, 79, 4247, 48, 77, 97,4302, 03, 14, 21 & 24 w/SPF (18 holes). Acidize perfs 4107-4324' w/2700 gals 15% NEFE acid.							
05/08/96	05/08/96 Frac perfs 4107-4465' w/63,000 gal Boragel + 139,900# 20/40 sand						
I hereby certify that the information abo	ve is true an complete to the best of my knowledge an	d belief.					
SIGNATURE 5	My Gree	TITLE _	Production Administrator		DATE7/15/96		
TYPE OR PRINT NAME Betty Epie			TELEPHONE NO. (214)265-0080				
(THIS SPACE FOR STATE USE)	Windows New Committee and the statement						
	The second of th	TITLE			DATE OF ES	• ,	