Submit 3 copies to Appropriate District Office

DISTRICT I

CONDITIONS OF APPROVAL, IF ANY

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

Form C-103 Revised 1-1-89

WELL API NO.

OIL CONSERVATION DIVISION 310 Old Santa Fe Trail, Room 206

P.O. Box 1980, Hobbs, NM 8824	Santa Fe, N	ew Mexico 87503	30-025-33201
DISTRICT II P.O. Box Drawer DD, Artesia, Ni	M 88210		5. Indicate Type of Lease STATE X FEE
DISTRICT_III 000 Rio Brazos Rd., Aztec, NM	87410		6. State Oil & Gas Lease No. B-2148
(DO NOT USE THIS FOR DIFFERENT	NOTICES AND REPORTS OF M FOR PROPOSALS TO DRILL OR RESERVOIR USE "APPLICATION 101)FOR SUCH PROPOSALS.)	7. Lease Name or Unit Agreement Name	
1. Type of Well: Oil X Ga			Caprock Maljamar Unit
Well We 2. Name of Operator			8. Well No.
3. Address of Operator	ne Wiser Oil Company  15 Preston Road, Suite 400, Dallas,	TY 75225	9. Pool name or Wildcat Moliagner Growbyng San Andrea
4. Well Location			Maljamar Grayburg San Andres
Unit Letter N	-	Line and 1700 Feet From Th	
Section 20		Range 33E NMPM tether DF, RKB, GR, etc.)	County Lea
NOTICE OF	Check Appropriate Box to India INTENTION TO:	cate Nature of Notice, Report, or Other I SUBSEQUENT REPO	
PERFORM REMEDIAL WO	RK PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OPNS.	x PLUG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND CEMENT JOE	$\mathbf{x}$
OTHER:		OTHER:	
12. Descibe Proposed or Comple SEE RULE 1103.	eted Operation (Clearly state all pertinent of	details, and give pertinent dates, including estimated	date of starting any proposed work)
01/03/96	Spud 12 ¼" hole @ 5:00 p.m.		
01/04/96		n 29 jts 24# J-55 8 5/8 " csg & set @ 1280' v c CaCl2. Plug down @ 8:30 p.m. Circ 116	
01/06/96	WOC 18 hrs. Pressure test csg to	1000# for 30 min, no press loss.	
01/15/96	TD 7 7/8 " hole @ 5:45 a.m.		
01/16/96	Ran 112 jts 17# J-55 5 ½" csg & set @ 4900' w/1500 sx Halli Lite w/¼# Flocele, 350 sx Class "C" w/.5% Halad-9 & 250 sx Class "C" w/.5% Halad-344. PD @ 1:00 pm. Circ 150 sx to pit.		
01/18/96	WOC. Pressure test csg to 1500#	for 30 min, no press loss.	
hereby certify that the information at	bove is true an complete to the best of my knowled		
signature / SC	ly you	TITLE Production Administrator	DATE 06/10/96
TYPE OR PRINT NAME BE	etty Epie		TELEPHONE NO. (214)265-0080
THIS SPACE FOR STATE USE) (71)	(42 Marki ya disenia 14aas Rokiyasaya torayaa	OON	OUL IT IN
APPROVED BY		TITLE	DATE