Submit 3 copies to Appropriate District Office

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

Form C-103 Revised 1-1-89

JUL 1 0 1996

DATE

OIL CONSERVATION DIVISION
310 Old Santa Fe Trail, Room 206

DISTRICT 1 P.O. Box 1980, Hobbs, NM 8824		lew Mexico 87503	WELL API NO	o. 30-025-33281	
DISTRICT II P.O. Box Drawer DD, Artesia, N	M 88210		5. Indicate Typ	oc of Lease STATE X FEE	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410				Gas Lease No. B-2148	
(DO NOT USE THIS FOR	NOTICES AND REPORTS O M FOR PROPOSALS TO DRILL	OR TO DEEPEN OR PLUG BA	CK TO A	01.10	
	RESERVOIR USE "APPLICATION IN 1915 PROPOSALS.)	ON FOR PERMIT"	7. Lease Name	or Unit Agreement Name	
1. Type of Well:  Oil X Ga  Well Well			Caprock N	faljamar Unit	
Name of Operator     Th	ne Wiser Oil Company		8. Well No.	210	
3. Address of Operator 8115 Preston Road, Suite 400, Dallas, TX 75225				or Wildcat Grayburg San Andres	
4. Well Location Unit Letter C	: 1141 Feet From The South	Line and 2472	_		
Section 20			Feet From The East	Line	
Section 20		Range 33E NMPM hether DF, RKB, GR, etc.)		County Lea	
NOTICE OF	Check Appropriate Box to Ind INTENTION TO:	icate Nature of Notice, Repor	e, or Other Data ENT REPORT OF:		
PERFORM REMEDIAL WOR	RK PLUG AND ABANDON	REMEDIAL WORK		RING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLIN		AND ABANDONMENT	
PULL OR ALTER CASING		CASING TEST AND C			
OTHER:		OTHER:			
12. Descibe Proposed or Comple SEE RULE 1103.	eted Operation (Clearly state all pertinent	details, and give pertinent dates, include	ling estimated date of starting any	proposed work)	
03/28/96	Spud 12 ¼" hole @ 7:30 p.m. R. Cmt w/325 sx Class "C" w/ 2% Circ 102 sx to pit.			96	
03/29/96	WOC. Pressure test csg to 1000	# for 30 min, no press loss.			
04/03/96	TD @ 4800' @ 4:30 a.m				
04/03/96	04/03/96 Ran 112 jts 5 ½" 17# J-55 LT&C csg. Cmt w/900 sx Hal Lite. Tail in w/250 sx Class "C".  Did not circ cmt. Had superflush & fresh wtr pump to surface.				
05/17/96	WOC. Pressure test csg to 1500	)# for 30 min, no press loss.			
hereby certify that the information ab	ove is true an complete to the best of my knowle	lge and belief.			
SIGNATURE	setty Esiè	TITLE Production Administra	tor	DATE 07/01/96	
TYPE OR PRINT NAME BE	etty Epie		TELEPHONE NO.	(214)265-0080	
THIS SPACE FOR STATE USE)					

CONDITIONS OF APPROVAL, IF ANY: