

Submit 3 copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

**OIL CONSERVATION DIVISION**

310 Old Santa Fe Trail, Room 206  
Santa Fe, New Mexico 87503

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Box Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.

30-025-04387

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

16238

7. Lease Name or Unit Agreement Name

State SPX Charm

8. Well No.

2

9. Pool name or Wildcat

Eumont Yates Seven Rvrs Queen

**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.)

1. Type of Well:

Oil ☒

Gas ☐

Well ☐

Well ☐

OTHER

2. Name of Operator

The Wiser Oil Company

3. Address of Operator

8115 Preston Rd., Ste 400, Dallas, TX 75225

4. Well Location

Unit Letter H : 660 Feet From The East Line and 1980 Feet From The North Line

Section 33 Township 20S Range 36E NMPM LEA County

10. Elevation ( Show whether DF, RKB, GR, etc.)

11.

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

**NOTICE OF INTENTION TO:**

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK ☒ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

12. Describe Proposed or Completed Operation (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work)

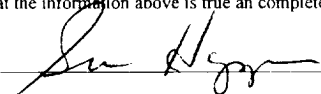
SEE RULE 1103.

06/11/96

Acidized w/500 gal 15% (double inhibited) and flush 115 Bbls fresh wtr and 3 gal clay stabilizer.  
Treat w/20 gal paraffin solvent; lead in 5 bbls fresh wtr & clay stabilizer @ 2-1/2 BPM rate

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE



TITLE

Production Administrator

DATE

8/23/96

TYPE OR PRINT NAME

Susan Hopper

TELEPHONE NO.

214/360-3522

(THIS SPACE FOR STATE USE)

APPROVED BY



TITLE

DATE

8/23/96

CONDITIONS OF APPROVAL, IF ANY: