

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.

30-025-04388

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

16238

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.)

7. Lease Name or Unit Agreement Name

State SPX Charm

1. Type of Well

Oil ☒ Gas ☐
Well ☐ Well ☐

OTHER

2. Name of Operator

The Wiser Oil Company

8. Well No.

3

3. Address of Operator

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

9. Pool name or Wildcat

Eumont Yates Seven Rvrs Queen

4. Well Location

Unit Letter A : 660 Feet From The North Line and 660 Feet From The East Line

Section 33 Township 20S Range 36E NNPM 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:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

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 Bbbs 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 Susan Hopper TITLE Production Administrator DATE 8/23/96

TYPE OR PRINT NAME Susan Hopper TELEPHONE NO. 214/360 3522

(THIS SPACE FOR STATE USE) ORIGINAL FORM C-103

APPROVED BY Susan Hopper TITLE Production Administrator DATE 8/23/96

CONDITIONS OF APPROVAL, IF ANY: