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

		ew Mexico 87503		
O. Box 1780; 110003; 14W1 68240	5ana 1 0, 1 1	on money of 505	30-025-04389)
DISTRICT II		5. Indicate Type of Lease		
O. Box Drawer DD, Artesia, NM 88210			STA	ATE X FEE
DISTRICT III			6. State Oil & Gas	Lease No.
1000 Rio Brazos Rd., Aztec, NM 87410			1/220	
CHNIDDY NOTICE	CC AND DEDODES O	NI WITH I C	16238	
(DO NOT USE THIS FORM FOR I	ES AND REPORTS OF PROPOSALS TO DRILL OF	N WELLS OR TO DEEPEN OR PLUG BACK TO	Α	
DIFFERENT RESERV		7. Lease Name or Unit Agreement Name		
(FORM C-101)FOR	7. Lease Name of	7. Lease Name of One Agreement Name		
1. Type of Well:			State SPX Ch	arm
Oil X Gas Well Well	OTHER			
Well Well 2 Name of Operator	OTHER	the state of the s	8. Well No.	
The Wiser Oil Company	4	4		
3. Address of Operator	9. Pool name or W	9. Pool name or Wildcat		
8115 Preston Rd. Ste 400	Eumont Yates	Eumont Yates Seven Rvrs Queen		
4. Well Location	-			
Unit Letter G	50 Feet From The North	Line and 1650 Feet From	The East	Lii
Section 33	T 206	Description 26E NIMBM	TTA	
Section 33	Township 20S 10 Elevation (Show wh	Range 36E NMPM	LEA	County
	10. Elevation (Show wi	tether Dr. RRB, GR. etc.)		
11. Check	Appropriate Box to India	cate Nature of Notice, Report, or Other	er Data	
NOTICE OF INTEN		SUBSEQUENT R		
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	X ALTERIN	G CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OPNS.	PLUG AN	D ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND CEMENT J	ОВ	
OTHER:		OTHER:		
	ition (Clearly state all pertinent	details, and give pertinent dates, including estin	nated date of starting any p	proposed work)

06/11/96

CONDITIONS OF APPROVAL, IF ANY

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

I hereby certify that the informa-	tion above is true an complete to the	est of my knowledge and belief.			
SIGNATURE	Ayr	TITLE	Production Administrator		DATE 8 23 96
TYPE OR PRINT NAME	Susan Hopper			TELEPHONE NO.	214/360 3522
(THIS SPACE FOR STATE USE)	CROSEC, Service of the				
A BREOVED BY	是 的企业。1980年				• '
APPROVED BY		TITLE			DATE