

OIL CONSERVATION DIVISION

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

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

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

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

WELL API NO. 30-025-06951
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. 16242
7. Lease Name or Unit Agreement Name DOWNES A
8. Well No. 2
9. Pool name or Wildcat
10. Elevation (Show whether DF, RKB, GR, etc.) NA

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 <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Well <input type="checkbox"/> Well <input type="checkbox"/> OTHER	
2. Name of Operator The Wiser Oil Company	
3. Address of Operator 8115 Preston Road, Suite 400, Dallas, TX 75225	
4. Well Location Unit Letter M : 660 Feet From The South Line and 660 Feet From The West Line Section 32 Township 21S Range 37 NMPM County Lea	
10. Elevation (Show whether DF, RKB, GR, etc.) NA	

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

Plan to set plug within 100' of top perms. Fill with packer fluid & pressure test to 500# for 30 minutes. This work will be completed before 12/15/97.

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 5/13/97
TYPE OR PRINT NAME Susan Hopper TELEPHONE NO. (214)265-0080

(THIS SPACE FOR STATE USE)

Orig. Signed by:
Paul Kautz
Geologist

MAY 21 1997

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: