## Subtrait 3 Copies to Appropriate District Office

## State of New Mexico Enery 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		WELL API NO.  30-025-06954  5. Indicate Type of Lease		
		STATE FEE X  6. State Oil & Gas Louse No.		
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:  Unsuccessful recompletion				
Unsuccessf onex	ul recompletion			
WELL OTHER  2 Name of Operator The Wiser Oil Company				
3. Address of Operator 8115 Preston Rd., Ste 400, Dallas, TX 75225				
O Feet From The South	Line and208	80 Feet From The West Line		
		MPM Lea County		
3466'	, D1 , 100, 111, ON, 111.			
• •	·	•		
ENTION TO:	SUBS	SEQUENT REPORT OF:		
PLUG AND ABANDON XX	REMEDIAL WORK	ALTERING CASING		
CHANGE PLANS	COMMENCE DRILLING	OPNS. PLUG AND ABANDONMENT		
_	CASING TEST AND CEM	IENT JOB		
	OTHER:			
os (Clearly state all pertinent details, e	and give pertinent dates, includ	ling estimated date of starting any proposed		
	310 Old Santa Fe Tra Santa Fe, New Mex  CES AND REPORTS ON WE POSALS TO DRILL OR TO DEEPE WOR USE "APPLICATION FOR PI 101) FOR SUCH PROPOSALS.)  Unsuccess f  OTHER  Y  e 400, Dallas, TX 75  O Feet From The  South  Township  10. Elevation (Show whether 3466"  ppropriate Box to Indicate ENTION TO:  PLUG AND ABANDON  CHANGE PLANS	310 Old Santa Fe Trail, Room 206 Santa Fe, New Mexico 87503  CES AND REPORTS ON WELLS POSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A WORR USE "APPLICATION FOR PERMIT" 101) FOR SUCH PROPOSALS.)  Unsuccessful recompletion onex  y  e 400, Dallas, TX 75225  O Feet From The South Line and 200  Township 21S Range 37E  Township 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3466'  ppropriate Box to Indicate Nature of Notice, Re ENTION TO: SUBS  PLUG AND ABANDON XX REMEDIAL WORK CHANGE PLANS CASING TEST AND CEN		

Unsuccessful Recompletion into Tubb & Blinebry zones.

Well will be plugged and abandoned per OCD recommendations when received.

hereby certify that the information above is true and complete to the best of my knowledge	Agent TITLE			DATE 2/21/96	
YPE OR PRINT NAME	Susan Hopper			TELEPHONE NO.	214/360-3522
This space for State Use)	ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR				FEB 27 1996