

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

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

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

WELL API NO.
30-025-06955

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

5. Indicate Type of Lease
STATE FEE X

1000 Rio Brazos Rd., Aztec, NM 87410

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

Downes D

1. Type of Well:

Oil ☒

Gas

Well

Well

OTHER

2. Name of Operator

The Wiser Oil Company

8. Well No.

#2

3. Address of Operator

8115 Preston Road, Suite 400, Dallas, TX 75225

9. Pool name or Wildcat DHC #2124
Tubb Oil & Gas / Blinbry Oil & Gas

4. Well Location

Unit Letter L : 1980 Feet From The SOUTH Line and 810 Feet From The WEST Line
Section 32 Township 21S Range 37E NMPM County Lea

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	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND CEMENT JOB	
OTHER:		OTHER: Squ'd off perfs	X

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.

01/07/99 RU. POH with rods and tbq.
01/13/99 Set cmt retainer @ 5520'. Pump 100 sx cmt squeeze into Blinbry perfs 5564' - 5618'
01/14/99 Drilling cmt.
01/15/99 Drill cmt & retainer. Pressure tested squeeze @ 500#. Held ok.
01/16/99 Clean out hole to PBTD.
02/08/99 Reran production equipment. Returned well to production. Well now producing from Tubb perfs 6171-6264' and Blinbry perfs 5662-5805'.
04/11/99 Final test: 34 BO 200 BW 240 MCF

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

SIGNATURE

Betty Epie

TITLE Production Administrator

DATE 04/12/99

TYPE OR PRINT NAME

Betty Epie

TELEPHONE NO (214)360-3526

(THIS SPACE FOR STATE USE)

APPROVED BY

FOR TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: