Submit 3 copies to Appropriate District Office

Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

OIL CONSERVATION DIVISION 310 Old Santa Fe Trail, Room 206

WELL API NO.

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, Artes	ia, NM 88210			5. Indicate Type of Leas STATE	se 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"				7. Lease Name or Unit	7. Lease Name or Unit Agreement Name	
(FORM C-101)FOR SUCH PROPOSALS.) 1. Type of Well:					Downes D	
Oil _X	Gas			Downes I)	
Well 2. Name of Operator	Well	OTHER		8 Well No.		
	The Wiser Oil Cor	npany		#2		
3. Address of Operator 8115 Preston Road, Suite 400, Dallas, TX 75225				Pool name or Wildcat Tubbs Oil & Gas		
4. Well Location		, , , , , , , , , , , , , , , , , , , ,		Tubbs On & C	143	
Unit Letter	L: 1980 Feet	From The SOUTH	Line and 810 Feet From The	e WEST	Line	
Section	Colored Control of the Control of th		ge 37E NMPM		County Lea	
	10.	Elevation (Show whether	·DF, RKB, GR, etc.)			
11.	Check Approp	priate Box to Indicate	Nature of Notice, Report, or Other I			
NOTICE C	OF INTENTION	TO:	SUBSEQUENT REPO	ORT OF:		
PERFORM REMEDIAL V	WORK PLUG	AND ABANDON	REMEDIAL WORK	ALTERING CA	SING	
TEMPORARILY ABAND	ON CHAN	GE PLANS	COMMENCE DRILLING OPNS.	PLUG AND AE	BANDONMENT	
PULL OR ALTER CASIN	G ,		CASING TEST AND CEMENT JOB			
OTHER:			OTHER: Surface commingle production Downes A #5, Downes D #		. X	
12. Descibe Proposed or Co SEE RULE 1103.	ompleted Operation (Cl	early state all pertinent detai	ils, and give pertinent dates, including estimate	ed date of starting any prop	osed work)	
	Downes A valve mod	& D leases, all surface i	equipment available on the Wiser opera facilities have been combined. Only mi as the existing tank batteries were imme	nor piping and		
				P	C-983	
I hereby certify that the information	n above is true an complet	e to the best of my knowledge ar	nd belief.		<u> </u>	
SIGNATURE	Getty Es	iè titli	Production Administrator	DATE	08/18/98	
TYPE OR PRINT NAME	Betty Epie	<u> </u>		TELEPHONE NO. (214)360-3526	
(THIS SPACE FOR STATE USE)	SINIAL SIGNIFOR	Y CHRIS WILLIAMS			 -	
APPROVED BY	DISTRICT I SI	JPERVISOR TITLE	F	DATE	11 6 9 9 19	
CONDITIONS OF APPROVAL, IF A	NY:		# 1 M 1 M 1 M 1 M 1 M 1 M 1 M 1 M 1 M 1	DATE		