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Submit 3 Copies to Appropriate District Office	State of New Mexico Encisy, Minerals and Natural Resources Department		Form C-103 Revised 1-1-89
DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION P.O. Box 2088		WELL API NO.	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088		5. Indicate Type of Lease STATE FEE X	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No. 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.)			7. Lease Name or Unit Agreement Name
1. Type of Well: OIL GAS WELL WELL OTHER		Downes "B"	
2. Name of Operator THE WISER OIL COMPANY		8. Well No.	
3. Address of Operator			9. Pool name or Wildcat
700 Petroleum Building, Wichita Falls, TX 76301			Penrose Skelley
	60 Feet From The North	Line and 660) Feet From The East Line
Section 6 Township 22-S Range 37E NMPM Lea County			
10. Elevation (Show whether DF, RKB, RT, GR, etc.)			
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
	NTENTION TO:		SEQUENT REPORT OF
		REMEDIAL WORK	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING			BOPNS. DPLUG AND ABANDONMENT
PULL OR ALTER CASING CASING		CASING TEST AND CE	
OTHER:		OTHER:	
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.			
7-9-91 Move in, rig up, pull rods, pick up on tubing, shut down.			
7-10-91 Install BOP, work tubing loose, pull tubing and tally out of hole to 3425', spot 25 sx cmt, pull up and WOC, tag cmt at 3100', press up to 700# on csg, circ mud, shut dn.			
7-11-91 Pull tbg out of hole, perf well at 1200' try to pmp into well, press up to 700#, run tbg back to 1250', spot 10 sx cmt from 1250' to 1150', pull tbg out, perf well @ 300', circ cmt dn 5-1/2" to 300' back up to 7-5/8" to surf, cut off wellhead put in marker, shut down.			
7-12-91 Rig dn, cle	an location, move off.		
I hereby certify that the information above is	true and complete to the best of my knowledge and		
SIONATURE	Vopper	Agent	DATE
TYPE OR PRINT NAME SUSAN H	opper		TELEPHONE NO.
(This space for State Use) R. G. MAT I Y YZ DATE DATE			
CONDITIONS OF APPROVAL, IF ANY:			

Tie.C