

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

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

WELL API NO. 30-025-24446

5. Indicate Type of Lease
STATE FEE

6. State Oil & Gas Lease No.
B-2148

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
Caprock Maljamar Unit
(formerly Western St #17)

1. Type of Well:
OIL WELL GAS WELL OTHER

8. Well No. 179

2. Name of Operator
The Wiser Oil Company

3. Address of Operator
207 W. McKay, Carlsbad, NM 88220

9. Pool name or Wildcat
Maljamar Grayburg San Andres

4. Well Location
Unit Letter F : 1330 Feet From The North Line and 1330 Feet From The West Line
Section 20 Township 17S Range 33E 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
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON
TEMPORARILY ABANDON CHANGE PLANS
PULL OR ALTER CASING
OTHER:
SUBSEQUENT REPORT OF: REMEDIAL WORK ALTERING CASING
COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT
CASING TEST AND CEMENT JOB
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.

7/6/94 - 7/23/94 Cleaned well out to orig TD 4440'. Drid new formation 4441-4779'. Ran GR/ZDL/CNL & CBL. Acidized open hole 4399-4779 w/3000 gal 15% NEFE acid. Ran 2 7/8" tbg w/SN @ 4468'. Ran rods & pump. Put well back on production.

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

SIGNATURE Melanie J. Parker TITLE Agent DATE 8/16/94

TYPE OR PRINT NAME Melanie J. Parker 505/885-5433 TELEPHONE NO.

(This space for State Use) ORIGINAL SIGNED BY JERRY CANTON DISTRICT SUPERVISOR DATE AUG 18 1994

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

AUG 18 1966

**U.S. DEPARTMENT OF
OFFICE**