

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals & Natural Resources Department

Form C-103  
Revised 1-1-89

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

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

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

**OIL CONSERVATION DIVISION**  
P. O. Box 2088  
Santa Fe, NM 7504-2088

WELL API NO. 30-025-01511
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-2148
7. Lease Name or Unit Agreement Name Caprock Maljamar Unit
8. Well No. 45
9. Pool name or Wildcat Maljamar Grayburg San Andres
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4118' GL

**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:  
OIL  GAS   
WELL  WELL  OTHER  Injection

2. Name of Operator  
The Wiser Oil Company

3. Address of Operator  
P.O. Box 2568 Hobbs, New Mexico (505) 392-9797

4. Well Location  
Unit Letter D : 660 Feet From The North Line and 660 Feet From The West Line  
Section 21 Township 17S Range 33E NMPM Lea County

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

<b>NOTICE OF INTENTION TO</b>		<b>SUBSEQUENT REPORT OF:</b>	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input checked="" type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: _____ <input type="checkbox"/>		OTHER: _____ <input type="checkbox"/>	

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.

- MIRU unit. POH w/pkr. & 2-3/8" tbg.
- TIH w/CIBP & set @ 4300'.
- Cap CIBP w/cement.
- Circulate pkr. fluid.
- Pressure test casing to 500# for 30 min.
- RDMO.

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

SIGNATURE G. M. Jones TITLE Superintendent DATE June 5, 2001  
 TYPE OR PRINT NAME G. M. Jones TELEPHONE NO. (505) 392-9797

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

