

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 87504-2088

WELL API NO.

30-025-01511

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

B-2148

7. Lease Name or Unit Agreement Name

CAPROCK MALJAMAR UNIT

1. Type of Well:

OIL

WELL ☐

GAS

WELL ☐

OTHER ☒ INJECTION WELL

2. Name of Operator

The Wiser Oil Company

3. Address of Operator

P.O. Box 2568 Hobbs, New Mexico 88241 (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

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

' GL 4118'

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 ☐

ULL 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

1. MIRU. POH with packer and tbg. TIH with CIBP and set @ 4300'.

2. SET 25 SX CEMENT PLUG'.

3. TAG CEMENT CAP.

4. CIRULATE ABANDONMENT MUD.

5. SPOT 25 SX CEMENT PLUG @ 2000'.

6. TAG CEMENT PLUG.

7. SPOT 25 SX CEMENT PLUG @ 900'

8. TAG CEMENT PLUG.

9. PERFORATE 5 1/2" CASING @ 350' AND CIRCULATE CEMENT TO SURFACE.

10. SPOT CEMENT PLUG 50' TO SURFACE IN 5 1/2" CASING.

11. INSTALL DRY HOLE MARKER.

12. CLEAN LOCATION

THE COMMISSION MUST BE NOTIFIED 24 HOURS PRIOR TO THE BEGINNING OF PLUGGING OPERATIONS FOR THE C-103 TO BE APPROVED.

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 28, 2001

TYPE OR PRINT NAME

G.M. Jones

(This space for State Use)

APPROVED BY

TITLE

DATE

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