

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. 30-025-00676
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.)	
1 Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER ☐	7. Lease Name or Unit Agreement Name Caprock Maljamar Unit
2. Name of Operator The Wiser Oil Company	8. Well No. 60
3. Address of Operator P.O. Box 2568 Hobbs, New Mexico	9. Pool name or Wildcat Maljamar Grayburg San Andres
4. Well Location Unit Letter L : 1980 Feet From The South Line and 620 Feet From The West Line Section 24 Township 17S Range 32E NMPM Lea County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4047' DF	

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

NOTICE OF INTENTION TO		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐		CASING TEST AND CEMENT JOB ☐	
OTHER: ☐		OTHER: <u>Temporary Abandon</u> ☒	

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.

05/15/03 MIRU Eunice Well Service. Kill well with 40 bbls. 2% KCL water. LD rods and pump. ND WH. RU BOP. POH w/2-7/8" tbg. RIH w/7" x 2-7/8" AD-1 pkr. on 2-7/8" tbg. Circulate 125 bbls. pkr. fluid. Set pkr. @ 3300'. Ran casing integrity test to 500#+ for 30 min. Test performed/witnessed by Nick Jimenez with Gandy Corporation. Original chart attached. RD BOP. NU WH valve & gauge on 2-7/8" tbg. RDMO.

This Approval of Temporary
Abandonment Expires 5/15/2008.

Note: TA'd. status will enable Wiser to install an extraction unit for gas.

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

SIGNATURE Mary Jo Turner
TYPE OR PRINT NAME Mary Jo Turner

TITLE Production Tech II DATE March 25, 2004
TELEPHONE NO. (505) 392-9797

(This space for State Use)

APPROVED BY Chris Williams

OC DISTRICT SUPERVISOR/GENERAL MANAGER 1 1 2004
TITLE DATE



