

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.

30-025-00676

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 ☒

GAS

WELL ☐

WELL ☐

OTHER

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

Queen

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.)

4110' GR

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. ☐

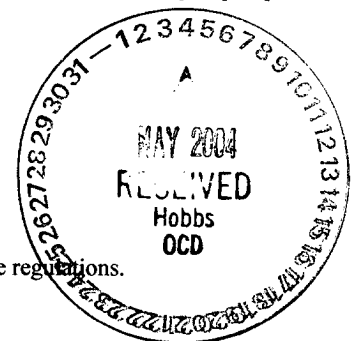
PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: Production Test/Shut In ☒

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.

01/17/04 MIRU Eunice Well Service. Killed well w/30 bbls. 10# brine water. ND WH. RU BOP. Unset pkr. POH w/102 jts. 2-7/8" tbg. LD 7" AD-1 pkr. RIH w/2-7/8" tbg. RD BOP. NU WH. RIH w/rods and 1-1/4" x 8' pump. Hung well on. Left well ready to pump to CMU "B" Battery. Shut well in. Waiting on extraction unit.



Note: This well will be opened the last day of the month and shut back in at close of same day for compliance regulations.

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
TITLE _____ DATE MAY 11 2004