## State of New Mexico Energy, Minerals & Natural Resources Department

Submit 3 Copies to Appropriate
District Office

OIL C-ONSERVATION DIVISION WELL APINO.

| TO A COMPANY COMPANY                                                                                                                                                              |                                                |                          |             | P. O. Box 2088           |                      | 25-31981                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|--------------------------|-------------|--------------------------|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--|
| 1625 French Drive Hobbs, NM 88240                                                                                                                                                 |                                                |                          |             |                          | 5. Indicate Ty       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | [            |  |
| DISTRICT II P. O. Drawer DD, Artesia, NM 8                                                                                                                                        | 8210                                           | Salita Ft                | 5, INIVI /  | JU4-2U00                 |                      | STATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | FEE          |  |
| DISTRICT III                                                                                                                                                                      |                                                |                          |             |                          | I                    | Gas Lease No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |  |
| 1000 Rio Brazos Rd., Aztec, NM 87410                                                                                                                                              |                                                |                          |             |                          | B-1                  | 2148                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              |  |
| SUNDRY NOTICES AND REPORTS ON WELLS                                                                                                                                               |                                                |                          |             |                          |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |  |
| (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A                                                                                                       |                                                |                          |             |                          | 7. Lease Name        | 7. Lease Name or Unit Agreement Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              |  |
| DIFFERENT RESERVOIR, USE "APPLICATION FOR PERMIT"  (FORM C-101) FOR SUCH PROPOSALS.)                                                                                              |                                                |                          |             |                          |                      | k Maljamar Unit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |  |
| 1 Type of Well:                                                                                                                                                                   | (FORM C-101)                                   | FOR SUCH PROPUSA         | ALS.)       |                          |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |  |
| OIL                                                                                                                                                                               | GAS                                            |                          |             |                          |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |  |
| WELL OTHER                                                                                                                                                                        |                                                |                          |             |                          |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |  |
| 2. Name of Operator                                                                                                                                                               |                                                |                          |             |                          |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |  |
| The Wiser Oil Company                                                                                                                                                             |                                                |                          |             |                          |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | _            |  |
| 3. Address of Operator                                                                                                                                                            |                                                |                          |             |                          |                      | 9. Pool name or Wildcat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |  |
| 4. Well Location                                                                                                                                                                  | P.O. Box 2568 Hobbs, New Mexico (505) 392-9797 |                          |             |                          |                      | Maljamar Grayburg San Andres                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              |  |
| 4. Well Location                                                                                                                                                                  |                                                |                          |             |                          |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |  |
| Unit Letter H                                                                                                                                                                     | : 1365                                         | Feet From The No         | orth        | Line and 1260            | Feet From The        | East Line                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |              |  |
|                                                                                                                                                                                   |                                                |                          |             |                          |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |  |
| Section 18                                                                                                                                                                        | Том                                            | vnship 17S               | Ra          |                          | nmpm I               | Lea County                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |  |
|                                                                                                                                                                                   |                                                |                          |             | DF, RKB, RT, GR, etc.)   |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |  |
|                                                                                                                                                                                   |                                                |                          | 5' GR       |                          |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |  |
| Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data                                                                                                         |                                                |                          |             |                          |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |  |
| NOTICE OF INTENTION TO SUBS                                                                                                                                                       |                                                |                          |             |                          | BSEQUENT             | REPORT OF:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |  |
| PERFORM REMEDIAL WOR                                                                                                                                                              | $\langle                   $                   | PLUG AND ABANDO          |             | REMEDIAL WORK            |                      | ALTERING CASING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | . 🗌          |  |
| TEMPORARILY ABANDON                                                                                                                                                               |                                                | CHANGE PLANS             |             | COMMENCE DRILL           | NG OPNS.             | PLUG AND ABAND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |  |
| PULL OR ALTER CASING CASING TEST AND CEMI                                                                                                                                         |                                                |                          |             |                          | $\overline{}$        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |  |
|                                                                                                                                                                                   |                                                |                          |             |                          |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |  |
| OTHER:                                                                                                                                                                            |                                                |                          |             | OTHER: Convert           | •                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |  |
| 12. Describe Proposed or Comp<br>proposed work) SEE RULI                                                                                                                          | leted Operation<br>E 1103.                     | ns (Clearly state all pe | rtinent det | ails, and give pertinent | dates, including est | imated date of starting                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | any          |  |
| 12/15/03 MIRII Funice Well Service POH w/rode I D nump ND WH DI DOD DOH/2 7/08 45 - DITI/4 2/48 5/4 2 DOWN A GROWN                                                                |                                                |                          |             |                          |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |  |
| 12/15/03 MIRU Eunice Well Service. POH w/rods. LD pump. ND WH. RU BOP. POH w/2-7/8" tbg. RIH w/4-3/4" bit & DC's on 2-7/8" tbg. to 4220'. Circulate hole clean. POH w/2-7/8" tbg. |                                                |                          |             |                          |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |  |
| 12.32                                                                                                                                                                             |                                                |                          |             |                          |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |  |
| 12/17/03 RIH w/10 jts. 2-3/8" tbg., 2-3/8" x 5-1/2" AD-1 pkr. on 2-7/8" tbg. Tag @ 4458'. Could not move down. Spot 150 gals. Pro-Chem scale                                      |                                                |                          |             |                          |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |  |
| converter across per                                                                                                                                                              | f. intervals 418                               | 87'-4458'. Left to soa   | ık overnigi | ht.                      |                      | is vi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 4            |  |
| 12/18/03 Circulate hole clean                                                                                                                                                     | w/75 hhis nro                                  | oduced water Move        | nkr to 38   | 00' Thα @ 4100' R1       | I Cudd Pressure S    | ervice Test the to//                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 100# Hald    |  |
| ok. Pickle tbg. w/20                                                                                                                                                              | 00 gals. 15% H                                 | ICL acid. Acidize 41     | .87'-4458'  | w/3800 gals. 15% HC      | L acid w/anti-slude  | re & iron control using                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 3500# rock   |  |
| salt. Max. block 26                                                                                                                                                               | 0#. Max. brea                                  | k 250#. ATP 2420#        | @ 4.4 bpr   | n. MTP 2600# @ 4.5       | bpm. ISIP 2230#.     | 5 min. 1960#4/19 m                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | n. 1868#. 15 |  |
| min. 1787#. Flush                                                                                                                                                                 | w/31 bbls. RD                                  | Cudd. 1 hr. S.I. 146     | 50#. Left o | open to flowline overn   | ght.                 | OCO bs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 0            |  |
| 12/19/03 POH w/2-7/8" tbg.                                                                                                                                                        | I D tools RIL                                  | I w/rode & 1-1/2" v 2    | 20' numn    | Laft well numning to     | "MII Dottom: "A"     | The state of the s | 87           |  |
| 12/17/03 1 O11 W/2-7/6 tog.                                                                                                                                                       | LD tools. Kill                                 | 1 W/10d3 & 1-1/2 X 2     | co pump.    | Left wen pumping to      | INIO Danciy A.       | KDMO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1097         |  |
|                                                                                                                                                                                   |                                                |                          |             |                          |                      | N. 2503.81                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 131.65       |  |
|                                                                                                                                                                                   |                                                |                          |             |                          |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |  |
|                                                                                                                                                                                   |                                                |                          |             |                          |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |  |
| I hereby certify that the information                                                                                                                                             | on above is true                               | and complete to the bes  | t of my kno | wledge and belief.       |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |  |
| SIGNATURE Mary Co To                                                                                                                                                              | Van <b>i</b> n                                 |                          |             | TITLE Produc             | tion Tech II         | DATE Moreh                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 20, 2004     |  |
|                                                                                                                                                                                   | Mary Jo Turner                                 |                          |             | IIILE <u>Floau</u>       | TELEPHON             | DATE <u>March</u><br>E NO. (505) 392-9797                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |              |  |
| (This space for State Use)                                                                                                                                                        |                                                | . 1                      |             | - Agrange                | - v2.                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |  |
| 91                                                                                                                                                                                | . 1.11                                         | 1. 1                     | ~~          | FIELD RAPBESENTA         | TIVE DISTAFF         | MANAGER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |  |
| APPROVED BYCONDITIONS OF APPROVAL                                                                                                                                                 | IF ANY:                                        | UMR.                     | 961         | LIEFT WHILKESELAN        | TITE HYDINIT         | DATE JUL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 0 7 2nnı.    |  |
|                                                                                                                                                                                   | Agilli,                                        |                          |             |                          |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2007         |  |