Submit 3 Copies to Appropriate

State of New Mexico Energy, Minerals & Natural Resources Department

Form C-103 Revised 1-1-89

to Appropriate District Office	Energy, Minerals & Natural Resources Department		Revised 1-1-89
<u>DISTRICT I</u> P. O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION		WELL API NO. 30-025-01485
DISTRICT II P. O. Drawer DD, Artesia, NM 88210	P. O. Box 2088 Santa Fe, NM 7504-2088		5. Indicate Type of Lease STATE FEE
DISTRICT III			6. State Oil & Gas Lease No. B-2148
1000 Rio Brazos Rd., Aztec, NM 87410 SUNDRY NOTI	CES AND REPORTS OF	N WELLS	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR, USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			7. Lease Name or Unit Agreement Name Caprock Maljamar Unit
1 Type of Well: OIL GAS			
WELL WELL L 2. Name of Operator	OTHER	WIW	8. Well No.
The Wiser Oil	Company		38
3. Address of Operator	Company		9. Pool name or Wildcat
	8 Hobbs, New Mexico		Maljamar Grayburg San Andres
4. Well Location			
Unit Letter <u>C</u> : <u>660</u>	Feet From The North	Line and	Feet From The West Line
Section 19	Township 17S	Range 33E	NMPM Lea County
Social 19		hether DF, RKB, RT, GR, etc.)	- NATION BOX COUNTY
Cha	MINIMUM		on out or Other Date
NOTICE OF IN		dicate Nature of Notice, Re	EQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND CEM	ENT JOB
OTHER:		OTHER: Repair tub	ing leak
12. Describe Proposed or Completed Opework) SEE RULE 1103.	rations (Clearly state all pertine	ent details, and give pertinent date	s, including estimated date of starting any proposed
AD-1 pkr. & 2-3/8" tbg. Set		D BOP. NU WH. Circulate 11	okr. Tested to 5000#. RIH w/redressed 5-1/2" 0 bbls. pkr. fluid. Set pkr. Ran casing integrity
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Thoraby contiff that the information the	tops and complete to the best C	denomination and belief	
I hereby certify that the information above is	true and complete to the best of my	knowledge and belief.	e sie
SIGNATURE Mary JO Turner TYPE OR PRINT NAME Mary JO Tu	ırner	TITLEProduction T	ech II DATE October 20, 2003 TELEPHONE NO. (505) 392-9797
(This space for State Use)		C FIELD REPRESENTATIVE	II/STAFF MANAGER
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