

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals & Natural Resources Department

Form C-103  
Revised 1-1-89

**DISTRICT I**  
P. O. Box 1980, Hobbs, NM 88240

**DISTRICT II**  
P. O. Drawer DD, Artesia, NM 88210

**DISTRICT III**  
1000 Rio Brazos Rd., Aztec, NM 87410

**OIL CONSERVATION DIVISION**

P. O. Box 2088  
Santa Fe, NM 7504-2088

WELL API NO. 30-025-01493
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-2148

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR, USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	
1 Type of Well: OIL <input type="checkbox"/> GAS <input type="checkbox"/> WELL <input type="checkbox"/> WELL <input type="checkbox"/> OTHER <input type="checkbox"/> WIW	7. Lease Name or Unit Agreement Name Caprock Maljamar Unit
2. Name of Operator The Wiser Oil Company	8. Well No. 83
3. Address of Operator P.O. Box 2568 Hobbs, New Mexico	9. Pool name or Wildcat Maljamar Grayburg San Andres
4. Well Location Unit Letter <u>O</u> : <u>660</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> Line Section <u>20</u> Township <u>17S</u> Range <u>33E</u> NMPM <u>Lea</u> County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4198' DF	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
<b>NOTICE OF INTENTION TO</b>	<b>SUBSEQUENT REPORT OF:</b>
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <u>Repair hole in tubing</u> <input checked="" type="checkbox"/>

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

10/22/03 MIRU Eunice Well Service. ND WH. RU BOP. POH w/tbg. & pkr. RIH w/redressed 4" AD-1 pkr. & 2-1/16" IPC tbg. Tested to 5000# above slips. RD testers. Circulate 75 bbls. pkr. fluid. Set pkr. @ 4120'. Ran casing integrity test to 500# for 30 min. Test performed/witnessed by Nick Jimenez w/Gandy Corporation. ND BOP. NU WH. Place well back on injection 100 BWPD @ 1750#. RDMO.



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

SIGNATURE Mary Jo Turner TITLE Production Tech II DATE October 23, 2003  
TYPE OR PRINT NAME Mary Jo Turner TELEPHONE NO. (505) 392-9797

(This space for State Use)

APPROVED BY Gay W. Wink OC FIELD REPRESENTATIVE II/STAFF MANAGER DATE OCT 29 2003

