Submit 3 Copies to Appropriate District Office

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

Form C-103

OH CONCEDIVATION DIVICION WELL APINO

Revised 1-1-89

<u>DISTRICT I</u>	OIL CONSERVATI	ON DIVISION	WELL API NO.
1625 French Drive Hobbs, NM 88240	P. O. Box 2	2088	30-025-01444
DISTRICT II	Santa Fe, NM 7	504-2088	5. Indicate Type of Lease STATE FEE
P. O. Drawer DD, Artesia, NM 88210			6. State Oil & Gas Lease No.
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			B-2148
SUNDRY NOTICES AND REPORTS ON WELLS			D 21 IO
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR, USE "APPLICATION FOR PERMIT"  (FORM C-101) FOR SUCH PROPOSALS.)			Caprock Maljamar Unit
1 Type of Well:			
OIL GAS WELL WELL	OTHER I	njection	
2. Name of Operator The Wiser Oil C	omnany		8. Well No. 10
3. Address of Operator			9. Pool name or Wildcat
P.O. Box 2568 Hobbs, New Mexico (505) 392-9797			Maljamar Grayburg San Andres
4. Well Location			
Unit Letter F : 1980 Feet From The North Line and 1980 Feet From The West Line			
Section 17	Township 17S Ran	ge 33E	NMPM Lea County
	10. Elevation (Show whether 4205' GR	DF, RKB, RT, GR, etc.)	And an artist of the second of
11. Chec	ck Appropriate Box to Indica	ate Nature of Notice,	Report, or Other Data
NOTICE OF INT			SEQUENT 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 CEN	MENT JOB
OTHER:	<u> </u>	OTHER: Clean Out	·
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.			
11/17/03 MIRU BJ Service. RIH w/ high pressure nozzle on ("coil tbg.) Tag fill @ 4227'. Clean out to 4530 too hard to move down. Circulate hole clean. POH w/tbg. &tools. RD BJ. Place well back to injection - 100 BWPD @ 940#.			
Bio 1, and a of of Att 1 book			
Brack Aide not disturbed			
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I hereby certify that the information above is t	•		
m 0/	rue and complete to the best of my kno	wledge and belief.	
SIGNATURE//pass \[o ~/sinin	rue and complete to the best of my kno	F	n Tech II DATE December 30, 2003
TYPE OR PRINT NAME Mary Jo Turn	er	TITLE Productio	TELEPHONE NO. (505) 392-9797
TYPE OR PRINT NAME Mary Jo Turn  (This space for State Use)	er	TITLE Productio	TELEPHONE NO. (505) 392-9797
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