Submit 3 Copies to Appropriate

State of New Mexico Energy, Minerals & Natural Resources Department

Form C-103 Revised 1-1-89

District Office	Energy, winicials & ratural i	accounces Department		100,1000 1 1-00			
<u>DISTRICT I</u>	OIL CONSERVATI	ON DIVISION	WELL API NO.				
P. O. Box 1980, Hobbs, NM 88240	P. O. Box 2		30-02 5-00528				
DISTRICT II Santa Fe, NM 7504-2088			5. Indicate Type				
P. O. Drawer DD, Artesia, NM 88210				STATE FEE			
DISTRICT III			6. State Oil & G				
1000 Rio Brazos Rd., Aztec, NM 87410			B-2	. 48			
SUNDRY NOTIC	ES AND REPORTS ON WE	ELLS					
(DO NOT USE THIS FORM FOR PROP			Unit Agreement Name				
	OIR, USE "APPLICATION FOR PERI 101) FOR SUCH PROPOSALS.)	MII"	Caprock	Maljamar Unit			
1 Type of Well:							
OIL GAS	٦	. 7					
WELL WELL WELL	OTHER WIV	<u>V</u>					
2. Name of Operator The Wiser Oil (`amnany		8. Well No. 13				
3. Address of Operator	ompany		9. Pool name or	Vildeat			
<u>-</u>	Hobbs, New Mexico		1	Grayburg San Andres			
4. Well Location	110000, 11011 11101100		1 Transmit	Grayourg San Functes			
Unit Letter <u>J</u> : <u>1980</u>	Feet From The South	Line and <u>1980</u>	Feet From The	East Line			
12	- 17C -	225	.				
Section 13	Township 17S Rang 10. Elevation (Show whether)		имрм Lea	County			
	4110' GR	Dr, KKB, KI, GR, etc.)					
Chaol	Appropriate Box to Indicate	Natura of Nation Do	most of Other	. Note			
NOTICE OF INT		1	• '	EPORT OF:			
NOTICE OF INTE		3003		CEPORT OF:			
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		ALTERING CASING			
TEMPORARILY ABANDON	CHANCE DI ANG	COMMENCE DELLING	I				
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS.	LUG AND ABANDONMENT			
PULL OR ALTER CASING		CASING TEST AND CEMI	ENT IOR				
TOLE SICKLETER SHOWS		ONOMO TEOT MAD CEME		_			
OTHER:		OTHER: Return well to					
12. Describe Proposed or Completed Opera	tions (Clearly state all pertinent deta	tils, and give pertinent date.	s, including estim	sted date of starting any proposed			
work) SEE RULE 1103.							
4/10/99 Shut well in.							
10/09/99 Return well to injection.							
11/24/01 Test series to 200 DCI (December 200 DC		and to Mile Comment	10.10	4.			
11/24/01 Test casing to 380 PSI (Pressur	e chart attached) Ferformed/with	essed by Nick Jimenez wi	ın Gandy Corpor	HUON			
				450			
I hereby certify that the information above is tru	ie and complete to the best of my knowle	edge and belief		·			
		_					
SIGNATURE May So Tunner TYPE OR PRINT NAME Mary Jo Turn	a de	TITLEProduction Tecl		DATE November 24, 2001			
TITE OR FRINT NAME . Mary Jo Jum	<u></u>		i eleph	ONE NO. (505) 392-9797			
(This space for State Use)							
APPROVED BY		TITLE		DATE			

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION 310 Old Santa Fe Trail, Room 206 Santa Fe, New Mexico 87503

WELL API NO.

30-025- *DD*528

DISTRICT II P.O. Box Drawer DD, Artesia, NA	√1 88210			5. Indicate Type of Lease STATE X FEE				
DISTRICT. III 1000 Rio Brazos Rd., Aztec, NM	87410			6. State Oil & Gas Lease No. B-2148				
DO NOT USE THIS FOR DIFFERENT	NOTICES AND REPO M FOR PROPOSALS TO RESERVOIR USE "APPI 101)FOR SUCH PROPOS	DRILL OR TO LICATION FO) DEEPEN OR PLUG BA(7. Lease Name or Unit Agreement Name				
1. Type of Well:	s	· ·	er Injection Well	Caprock Maljamar Unit				
2. Name of Operator		TILK WAL	er injection wen	8. Well No.				
Th	e Wiser Oil Company			13				
3. Address of Operator 81	Pool name or Wildcat Maljamar Grayburg San Andres							
4. Well Location Unit Letter	: 1980 Feet From The	South	Line and 1980 F	eet From The East Line				
Section 13	Township	17S Range	32E NMPM	County Lea				
	AND THE PROPERTY OF THE PROPER	Show whether Di		County Lea				
NOTICE OF I	Check Appropriate Box NTENTION TO:	to Indicate N	ature of Notice, Report, of SUBSEQUE	or Other Data NT REPORT OF:				
PERFORM REMEDIAL WOR	PLUG AND ABA	NDON	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:			OTHER: Re-enter P&A'd	well & complete as water injection well X				
12. Descibe Proposed or Comple SEE RULE 1103.	ted Operation (Clearly state all p	ertinent details, ar	ad give pertinent dates, including	estimated date of starting any proposed work)				
08/01/96	MIRU Ram WS #114. N	U BOP. RIH v	v/4- ³ / ₄ " bit & 1 - 3- ¹ / ₂ " DC.	Drilling out cmt.				
08/14/96	xylene + 1000# rock salt	in 5 stages. AT	t @ 3913'. HES pumped 50 P 2510# @ 3.6 bpm. MTF Recd 110 BW. TLTBR 1	000 gals. 15% NE-FE acid w/1000 gals 2 2820# @ 4.3 bpm. ISIP 2399#. 15 min 45 bbls.				
08/30/96	GIH w/107 jts. 4-½" 11.6# K-55 csg. Set csg. @ 4411'. FC @ 4370'. HES pmpd 150 sx. Premium Plus Circ 5 sx. Plug dwn @ 9:54 a.m.							
09/04/96	HLS perfd. f/4343'-62' w	/2 SPF (38 hole	es). GIH w/pkr. SIW & SI	FN				
09/05/96	Set pkr. @ 4247'. HES p ISIP 2250#, 15 min. 1924	umped 2800 ga #. TLTBR 11	als. 15% NE-FE acid. ATP 2 bbls. Flwd 5 hrs. Recd 1	4000# @ 4.5 bpm. MTP 5000# @ 4.7 bpm. 20 bbls 5% oil.				
09/06/96	WS Set RBP @ 4300'. S	Spot 200 gals. a	cid across perfd. Pmpd 40	/I SPF (58 holes). GIH w/RBP & pkr on 2-3/8" 00 gals Fer-check acid. ATP 2750# @ 4.5 bpm. 7 bbls. Flwd well frac tank. Recd 200 bbls.				
09/09/96				Inlatched on-off tool, circ pkr fluid. 5 min. ND BOP. NU WH. RD.				
10/03/96	Initial injection rate 12:0							
hereby certify that the information ab	ove is true an complete to the best	of my knowledge an	d belief.					
IGNATURE BU	ty Epie	ттье	Production Administrate	DATE 01/27/97				
YPE OR PRINT NAME Bet	tty Epie			TELEPHONE NO. (214)265-0080				

IS WILLIAMS

DISCUSSION TITLE

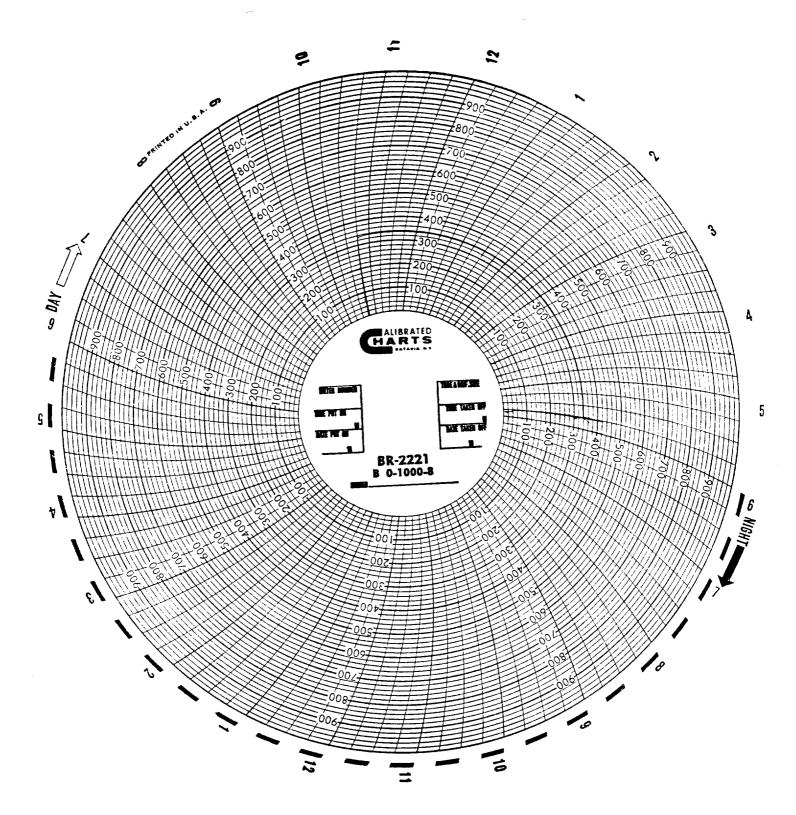
CONDITIONS OF APPROVAL, IF ANY

(THIS SPACE FOR STATE USE)

APPROVED BY

307 1 4 1097

DATE



Form C-105 Revised 1-1-89

OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088

WELL API NO. 6. State Oil & Gas Lease No.

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

P. O. Box 1980, Hobbs, NM 88240

Submit to Appropriate

State Lease - 6 copies Fee Lease - 5 copies

District office

1000 Rio Brazos Rd., Azte	c, NM 87410								B-2148
WELL CO	OMPLETION (OR RECO	MPLETI	ON RE	PORT A	AND LOG	11.95%		
la Type of Well: OIL WELL	GAS WE	ILL	DRY	ОТН	ER Water I	njection Well	7. Lease Name o	or Unit Ag	greement Name
b. Type of Completion:			L						
NEW NEW	WORK *	PLUG		DIFF		B . B0.01 11	-	ck Malj	amar Unit
WELL	OVER DEEPI			RESVR	OTHER	Re-enter P&A'd well Complete as WIW			
2. Name of Operator	The Wiser Oil Compa	ıny					8. Well No.		
Address of Operator	9115 Ducaton David Co		Y 75005 (01				9. Pool Name or		
ļ. 	8115 Preston Road, St	uite 400, Danas, 1	X /5225 (21	4)265-0080			Malja	mar Gra	yburg San Andres
4. Well Location Unit Letter	1000								
Section 1	J : 1980	Feet From The	So 17S	uth Range	Line and	1980 NMPM	Feet F	rom The	
10. Date Spudded 08/01/96	11. Date T.D. Reached	12. Date	Compl.	Kange		vations (DR, RKB, R7	; GB, etc.)	14	Lea County Lea County Lea County
15. Total Depth	16. Plug Back			ple Compl. Ho ones?	w	18. Intervals Drilled By	Rotary Tools		Cable Tools
4432 19. Producing Interval(s), o	of this completion - Top, Botto	423 om. Name	<u> </u>		-	<u> </u>	ALL	/ D:	· 10
INJECTION INTERV	AL 4029-4193'	Grayburg					20, W	as Direct	ional Survey Made
21. Type Electric and Othe	4343-4362' 5	San Andres					22 10 11 2	No	
	. Logs Run						22. Was Well Core	×d.	
!3,		CASING R	ECORD (F	Report all	strings set	in well)	No		
CASING SIZE	WEIGHT, LB./FT	DEPTH		HOLE			TING RECORI	 _	AMOUNT PUL
8 5/8"	32.5#	20		121/		CENTER	125 sx		AMOUNTTUL
5½"	14#	443		7 7/		•	150 sx		-
4-1/2"	11.6#		11'				150 sx Premiur	n Plus	Circ 5 sx
4.	LINE	R RECORD				25.	TUB	ING P	RECORD
SIZE TO	OP BOTTO	OM S	ACKS CEM	ENT	SCREE	N SIZE	DEPTH S		PACKER S
						2 3/8"	3980'		
6. Perforation record(inter	val, size, and number)				27. ACID	, SHOT, FRAC	CTURE, CEM	ENT :	SQUEEZE, ET
4343-62' w/2 SPF (38 h	*					INTERVAL	AMOUNT AND KIND OF MATERIAL USE		
4029-38, 4087-98, 4113	-42, 4157-69, 4186-93' w/1 S	PF (58 holes)			4343-43	362'	2800 gal	15% NE	FE acid
					4029-4	193'	4000 gal	Fer-chec	ck acid
18.		PRODUC'	TION						
Pate First Production	Production Metho			nd type of pump	·		Well S	tatus (Pr	od. or Shut-in)
INJECTION 10/03/96							: : Iì	NJECTIO	N
Date of Test	Hours Tested	Choke Size	Prod'n For Test Period	Oil-E	Bbl.	Gas-MCF	Water-Bbl.		Gas-Oil Ratio
low Tubing Press.	Casing Pressure	Calculated 24- Hour Rate	OIL-BBL.	1	Gas-MCF	Water-Bb	il.		Oil Gravity - API - (6
9. Disposition of Gas (Sol	d, used for fuel, vented, etc.)	<u>i</u>	1				Test V	Vitnessed	By:
60. List Attachements									
1. I hereby certify that the	information shown on both si	des of this form is true	e and complete to	the best of my	knowledge an	d belief.			
\mathcal{L}	# 0.	Printed							
Signature /	my Essel	Name	Betty Epie		Title	Production Admin	istrator DAT	Œ	01/27/97
B	1								

QD