

Submit 3 Copies
to Appropriate
District Office

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

DISTRICT 2
P.O. Drawer DD, Artesia, NM 88210

DISTRICT 3
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

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

WELL APINO.
30-025-00529
5. Indicate Type of Lease
State
6. State Oil & Gas Lease No.
B-2148
7. Lease Name or Unit Agreement Name
Caprock Maljamar Unit
8. Well No.
23
9. Pool name or Wildcat
Maljamar Grayburg San Andres

SUNDRY NOTICES AND REPORTS ON 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.)	
1. Type of Well: OIL <input type="checkbox"/> WELL <input type="checkbox"/> GAS <input type="checkbox"/> WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> P & A Re-Entry	
2. Name of Operator The Wiser Oil Company	
3. Address of Operator 207 W. McKay, Carlsbad, NM 88220 505/885-5433	
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>13</u> Township <u>17S</u> Range <u>32E</u> NMPM <u>Lea</u> County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4090' GR	

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: Extension on approved Application for Re-Entry ☒

SUBSEQUENT REPORT OF

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

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.

We request permission for an extension to the approved Application for Re-Entry on the above
captioned well.

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

SIGNATURE Melanie J. Parker TITLE Agent DATE 01/19/96
TYPE OR PRINT NAME Melanie J. Parker 505/885-5433 TELEPHONE NO.

(This space for State Use)

APPROVED BY GARY WINK TITLE FIELD REP. II DATE JAN 26 1996
CONDITIONS OF APPROVAL IF ANY:

11-2-1940

