

**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. <b>30-025-00662</b>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name <b>Caprock Maljamar Unit</b>
8. Well No. <b>49</b>
9. Pool name or Wildcat <b>Maljamar Grayburg San Andres</b>
10. Elevation (Show whether DF, RKB, RT, GR, etc.) <b>4080' GR</b>

<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 <b>WIW</b>	
2. Name of Operator <b>The Wiser Oil Company</b>	
3. Address of Operator <b>P.O. Box 2568 Hobbs, New Mexico</b>	
4. Well Location Unit Letter <b>H</b> : <b>1980</b> Feet From The <b>North</b> Line and <b>660</b> Feet From The <b>East</b> Line Section <b>24</b> Township <b>17S</b> Range <b>32E</b> NMPM <b>Lea</b> County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) <b>4080' GR</b>	

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"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: <b>Return well to injection</b> <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.

8/04/00 Shut well in.

3/17/01 Return well to injection.

11/24/01 Test casing to 360 PSI (Pressure chart attached) Performed/witnessed by Nick Jimenez with Gandy Corporation

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 November 24, 2001  
TYPE OR PRINT NAME Mary Jo Turner TELEPHONE NO. (505) 392-9797

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

