

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.

30-025-00665

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

Caprock Maljamar Unit

8. Well No.

35

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 ☐

GAS ☐

WELL ☐

WELL ☐

OTHER ☐ WIW

2. Name of Operator

The Wiser Oil Company

3. Address of Operator

P.O. Box 2568 Hobbs, New Mexico

4. Well Location

Unit Letter B : 660 Feet From The North Line and 1980 Feet From The East Line

Section 24 Township 17S Range 32E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

4074' GR

11.

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: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: Return well to injection ☒

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.

2/26/99 Shut well in.

10/23/99 Return well to injection.

11/24/01 Test casing to 370 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
TYPE OR PRINT NAME Mary Jo Turner

TITLE Production Tech II

DATE November 24, 2001

TELEPHONE NO. (505) 392-9797

(This space for State Use)

APPROVED BY _____

TITLE _____

DATE _____

