

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

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

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

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

WELL API NO.	30-025-01492
5. Indicate Type of Lease	STATE ☒ FEE ☐
6. State Oil & Gas Lease No.	B-2148

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 WELL ☒ GAS WELL ☐ OTHER ☐		7. Lease Name or Unit Agreement Name Caprock Maljamar Unit	
2. Name of Operator The Wiser Oil Company		8. Well No. 3	
3. Address of Operator 207 W. McKay, Carlsbad, NM 88220		9. Pool name or Wildcat Maljamar Grayburg San Andres	
4. Well Location Unit Letter <u>D</u> : <u>660</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u> Line Section <u>17</u> Township <u>17S</u> Range <u>33E</u> NMPM Lea County			
		10. Elevation (Show whether DF, RKB, RT, GR, etc.)	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
NOTICE OF INTENTION TO:		SUBSEQUENT 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 CEMENT JOB ☐	
OTHER: CASING INTEGRITY TEST ☒		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.

CASING INTEGRITY TEST:

PRESSURE TESTED CSG TO 350 PSI FOR 15 MINUTES, NO PRESSURE LOSS.

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

SIGNATURE <u>Melanie J. Parker</u>	TITLE <u>Agent</u>	DATE <u>07/11/95</u>
TYPE OR PRINT NAME <u>Melanie J. Parker</u>	<u>505/885-5433</u>	TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE JUL 17 1995

CONDITIONS OF APPROVAL, IF ANY: