Submit 3 Copies State of New Mexico Form C-103 Energy, Minerals and Natural Resources Department to Appropriate Revised 1-1-89 District Office DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240 WELL API NO. OIL CONSERVATION DIVISION 30-025-01448 DISTRICT 2 P.O. Box 2088 P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease Santa Fe, New Mexico 87504-2088 State **DISTRICT 3** 6. State Oil & Gas Lease No 1000 Rio Brazos Rd., Aztec, NM 87410 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 Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) Caprock Maljamar Unit 1. Type of Wel GAS WELL WELL WIW 2. Name of Operator 8 Well No The Wiser Oil Company 31 3. Address of Operator 9. Pool name or Wildcat 207 W. McKay, Carlsbad, NM 88220 505/885-5433 Maljamar Grayburg San Andres 4. Well Location 660 1980 Unit Lette Feet From The East 17 **17S** 33E Township Range NMPM Lea 10. Elevation (Show whether DF, RKB, RT, GR, etc.) Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF PLUG AND ABANDON PERFORM REMEDIAL WORK REMEDIAL WORK ALTERING CASING CHANGE PLANS TEMPORARILY ABANDON COMMENCE DRILLING OPNS PLUG AND ABANDONMENT PULL OR ALTER CASING CASING TEST AND CEMENT JOB Deepen & prepare to convert to WIW. OTHER: 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. January 1995 Drilled & milled to 4560'. Drill new formation to 4580'. Acidize perfs & OH 4238-4580 w/2500 gal 15% NEFE acid. Set 7" AD-1 tension pkr at 4145' w/133 jts plastic coated tubing. Tested casing to 350 psi for 15 minutes, held good. Casing Integrity Test approved 07/17/95.

| (This space for State Use) APPROVED BY ORIGINAL ESCREEN SY JERRY SEXTON | | | | DATE | JUL 24 1995 |
|--|---|-------|---------------|------|-------------|
| TYPE OR PRINT NA | | | TELEPHONE NO. | | |
| SIGNATURE | he information above is ture and complete to the best of my | TITLE | Agent | DATE | 07/19/95 |
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CONDITIONS OF APPROVAL IF ANY STETCE 1 SUPERVISOR