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State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

District Office

DISTRICT 1

Revised 1-1-89

| DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240 | | • | | | WELL API NO. | | |
|---|-----------------------------|-----------------------------------|-------------|------------|--------------------------------------|---------------|--------|
| DISTRICT 2 | OIL CONSE | RVATION DIVIS | NOIS | | 30-0 | 25-01449 | |
| P.O. Drawer DD, Artesia, NM 88210 | | P.O. Box 2088 | | | 5. Indicate Type of L | -0850 | |
| DISTRICT 3 | Santa Fe, I | New Mexico 87504-2088 | | | | State | |
| 1000 Rio Brazos Rd., Aztec, NM 87410 | | | | | 6. State Oil & Gas L | | |
| | | | | | B-2 | :148 | |
| | RY NOTICES AND REPORT | | | | | | |
| (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A | | | | | 7. Lease Name or Unit Agreement Name | | |
| DIFFEREN | IT RESERVOIR. USE "APPLICA" | TION FOR PERMIT" | | | | | |
| (FORM C-101) FOR SUCH PROPOSALS.) | | | | | Caprock Maljamar Unit | | |
| 1. Type of Well: OIL GAS | | | | | | | |
| WELL X WELL | OTHER | | | | | | |
| 2. Name of Operator | | | | | 8. Well No. | 00 | |
| The Wiser Oil Company | | | | | 29 | | |
| 3. Address of Operator | | | | | 9. Pool name or Wi | ldcat | |
| 207 W. McKay, Carls | bad, NM 88220 505/885 | -5433 | | | Maljamar Gray | burg San An | dres |
| 4. Well Location | | | | | | | · |
| Unit Letter M | 660 | Feet From The South | ne and | 810 | Feet From The | West | _Line |
| Section 17 | Township 17 | S R | ange | 33E | NMPM | Lea | County |
| | 10. Elevation (She | ow whether DF, RKB, RT, GR, etc.) | | | | | |
| | heck Appropriate Box to Inc | dicate Nature of Notic | e, Repor | t, or Othe | er Data | | |
| NOTICE OF INTE | | | | | NT REPORT | OF | |
| PERFORM REMEDIAL WORK | PLUG AND ABANDON | REMEDIAL WOR | < | | ALTE | RING CASING | |
| TEMPORARILY ABANDON | CHANGE PLANS | COMMENCE DRI | LLING OPNS. | | PLUG | S AND ABANDON | MENT |
| PULL OR ALTER CASING | | CASING TEST AN | ID CEMENT J | ов [| i | | _ |
| Convert to WIW | X | 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 to convert the above well to a WIW. This is expansion of the Caprock Maljamar Waterflood Project and was approved under Division Order R-10094.

| I hereby certify that the information SIGNATURE | tion shove is ture and complete to the best of my | knowledge and belief: | DATE | 07/20/95 | |
|---|---|-----------------------|---------------|--------------|--|
| | | 505/885-5433 | TELEPHONE NO. | | |
| (This space for State Use DRIGINAL ECORES OF JEERY SEXTON | | | JUL 24 199 | | |
| APPROVED BY | DEPARTMENT IN SELECTE VISOR | TITLE | DATE | 001 5 4 1000 | |

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