State of New Mexico

Form C-103

to Appropriate Energy, Minerals & Natural Resources Department Revised 1-1-89 District Office WELL API NO. DISTRICT I OIL CONSERVATION DIVISION 1625 French Drive Hobbs, NM 88240 30-025-01479 P. O. Box 2088 5. Indicate Type of Lease DISTRICT II Santa Fe, NM 7504-2088 STATE P. O. Drawer DD, Artesia, NM 88210 DISTRICT III 6. State Oil & Gas Lease No. 1000 Rio Brazos Rd., Aztec, NM 87410 B-2148 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR, USE "APPLICATION FOR PERMIT" Caprock Maljamar Unit (FORM C-101) FOR SUCH PROPOSALS.) 1 Type of Well: OIL GAS Injection WELL WELL **OTHER** 2. Name of Operator 8. Well No. The Wiser Oil Company 3. Address of Operator 9. Pool name or Wildcat P.O. Box 2568 Hobbs, New Mexico (505) 392-9797 Maljamar Grayburg San Andres 4. Well Location : <u>660</u> Feet From The <u>North</u> 1980 Unit Letter Line and Feet From The East 19 Section 17S Township Range NMPM County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4150' GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. 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: OTHER: Tubing Leak 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. 6/13/02 MIRU Eunice Well Service. ND WH. RU BOP. POH & LD 2-3/8" IPC tbg. & 2-3/8" x 5-1/2" AD-1 pkr. RIH w/redressed 2-3/8" x 5-1/2" AD-1 pkr. & 2-3/8" IPC tbg. Pkr. @ 3982'. Circulate 150 bbls. pkr. fluid. Set pkr. Test csg. to 500# for 30 min. Held ok. Original chart attached. RD BOP. NU WH. Place well back on injection - 200 BWPD @ 1400#. RDMO. I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE Mory On Junua TYPE OR PRINT NAME Mary Jo Turner TITLE Production Tech II DATE July 23, 2002 TELEPHONE NO. (505) 392-9797

(This space for State Use) APPROVED BY

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CONDITIONS OF APPROVAL, IF ANY:

ON GINAL SICK

