State of New Mexico Energy, Minerals & Natural Resources Department

Form C-103

Revised 1-1-89

<u>DISTRICT I</u>	WELL API NO.			
1625 French Drive Hobbs, NM 88240	P. O. Box 2088		30-025-01479	
DISTRICT II P. O. Drawer DD, Artesia, NM 88210	Santa Fe, NM 7504-2088		5. Indicate Type of Lease STATE	FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410		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			7 Logo Nama on Unit Agreement	
DIFFERENT RESERVOIR, USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			7. Lease Name or Unit Agreement Name Caprock Maljamar Unit	
1 Type of Well: OIL GAS				
WELL OTHER Injection 2. Name of Operator			8. Well No.	
The Wiser Oil Company			39	
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				
Unit Letter B: 660	Feet From The North	Line and 1980 I	Feet From The <u>East</u> Li	ine
Section 19		ange 33E	NMPM Lea Cou	ınty
	10. Elevation (Show whether 4150' GR	r DF, RKB, RT, GR, etc.)		
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data				
NOTICE OF INT			EQUENT REPORT C)F:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASI	NG
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT				
PULL OR ALTER CASING CASING TEST AND CEM		ENT JOB		
OTHER: 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.				
2/27/02 MIRU Eunice Well Service. ND WH. RU BOP. Unset pkr. & backflowed well. POH w/2-3/8" IPC tbg. No holes visible. Inspect & redress.				
2/28/02 RU Hydrostatic Pipe Testers. Test 5000# below slips 2-3/8" x 5-1/2" AD-1 pkr., & 2-3/8" tbg. RD testers. RD BOP. NU WH. Circulate 125 bbls. pkr. fluid. Set pkr. @ 3995'. Ran casing integrity test to 500# for 30 min. Held. OCD was notified but did not witness. Place well back to				
injection – 200 BWPD @ 1500#. RDMO.				
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			J. Commission of the Commissio	r.
				2005
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
SIGNATURE Many Op THEREY		TITLE Production Tech		
TYPE OR PRINT NAME / Mary Jb Turne			TELEPHONE NO. (505)) 392-9797
(This space for State Use)	ORI	GINAL	MAV	′ ງ ງ ງຄາງ
APPROVED BY	/	THE GNED BY	DATE MAI	2 2 2002
CONDITIONS OF APPROVAL, IF ANY:	PETR	OLFUM FILE		^
		GINAL SIGNED BY PAUL F. KAUTZ OLEUM ENGINEER		100

