

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

DISTRICT 1  
P.O. Box 1990, Hobbs, NM 88240

DISTRICT 2  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT 3  
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

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

WELL API NO.  
30-025-01481

5. Indicate Type of Lease

State

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

☒

WIW

2. Name of Operator

The Wiser Oil Company

8. Well No.

66

3. Address of Operator

207 W. McKay, Carlsbad, NM 88220 505/885-5433

9. Pool name or Wildcat

Maljamar Grayburg San Andres

4. Well Location

Unit Letter

J

1980

Feet From The South

Line

and

1980

Feet From The

East

Line

Section

19

Township

17S

Range

33E

NMPM

Lea

County

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:

PERFORM REMEDIAL WORK

☐

PLUG AND ABANDON

☐

TEMPORARILY ABANDON

☐

CHANGE PLANS

☐

PULL OR ALTER CASING

☐

OTHER:

☐

SUBSEQUENT REPORT OF

REMEDIAL WORK

☐

ALTERING CASING

☐

COMMENCE DRILLING OPNS.

☐

PLUG AND ABANDONMENT

☐

CASING TEST AND CEMENT JOB

☐

OTHER:

Prepare to convert to WIW.

☒

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.

March 1995 Cleaned out to 4337'. Perf 4004-4076 (25 holes). Acidize perfs 4004-5350 w/2500 gal 15% NEFE acid. Set 5 1/2" AD-1  
tension packer at 3925' w/128 jts 2 3/8" plastic coated tubing.  
Tested casing to 350 psi for 15 minutes, held good. Casing Integrity Test approved 07/17/95.

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

SIGNATURE

*Melanie J. Parker*

TITLE

Agent

DATE

07/19/95

TYPE OR PRINT NAME

Melanie J. Parker

505/885-5433

TELEPHONE NO.

(This space for State Use)

APPROVED BY

*DEBRA J. SEXTON*  
SUPERVISOR

TITLE

DATE

JUL 24 1995  
JUL 24 1995

CONDITIONS OF APPROVAL IF ANY:

*m.p.*

RECEIVED

JUL 20 1995

JOHN HOBBS  
OFFICE