

DISTRICT I
P. O. Box 1980, Hobbs, NM 88240

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

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

OIL CONSERVATION DIVISION
P. O. Box 2088
Santa Fe, NM 87504-2088

WELL API NO. 30-025-01489
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. 2149
7. Lease Name or Unit Agreement Name Caprock Maljamar Unit
8. Well No. 205
9. Pool name or Wildcat Maljamar Grayburg San Andres
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4071' GL

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 Water Injection Well

2. Name of Operator
The Wiser Oil Company

3. Address of Operator
P.O. Box 2568 Hobbs, New Mexico (505) 392-9797

4. Well Location
Unit Letter L : 1650 Feet From The South Line and 1059 Feet From The West Line
Section 19 Township 17S Range 33E NMPM Lea County

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input type="checkbox"/>

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.

1. Set CIBP @ 4050'.
2. Circulate hole with treated water.
3. Pressure test csg. & CIBP to 300#.
4. Clean location.

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

SIGNATURE Mike Jones TITLE _____ DATE June 25, 1997

TYPE OR PRINT NAME Mike Jones

(This space for State Use)

TELEPHONE NO. (505) 392-9797

ORIGINAL SIGNED BY **CHRIS WILLIAMS**
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE 6/25/97

myo