

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 7504-2088

WELL API NO. 30-025-01498
5. Indicate Type of Lease STATE ☒ FEE ☐
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 ☐ GAS ☐ WELL ☐ WELL ☐ OTHER ☐ WIW	7. Lease Name or Unit Agreement Name Caprock Maljamar Unit
2. Name of Operator The Wiser Oil Company	8. Well No. 68
3. Address of Operator P.O. Box 2568 Hobbs, New Mexico	9. Pool name or Wildcat Maljamar Grayburg San Andres
4. Well Location Unit Letter L : 1650 Feet From The South Line and 990 Feet From The West Line Section 20 Township 17S Range 33E NMPM Lea County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4163' GR	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☒
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	PLUG AND ABANDONMENT ☐
	CASING TEST AND CEMENT JOB ☐
	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.

3/22/99 MIRU Pool Well Service. ND WH. RU BOP. POH w/134 jts. 2-3/8" IPC tbg. LD perma latch pkr. RIH w/5-1/2" x 2-3/8" 13-15.5# nickel plated G-VI pkr., 5-1/2" x 2-3/8" Baker on/off tool plastic coated w/1.50F stainless steel profile nipple & 134 jts. 2-3/8" 4.7# IPC tbg. RU Gandy & circulate 90 bbls. pkr. fluid. Set pkr. @ 4137' w/12,000# tension. Pressure csg. to 300# for 15 min. Held ok. RD Gandy. RD BOP. NU WH. Place back on injection @ 150 BWPD @ 1000#. RDMO.

10/26/01 Test casing to 400 PSI (Copy of pressure chart attached, original held by NMOCD)
Performed by Hughes Well Services. Witnessed by Johnnie Robinson with NMOCD.

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

SIGNATURE Mary Jo Turner TITLE Production Tech II DATE November 24, 2001
TYPE OR PRINT NAME Mary Jo Turner TELEPHONE NO. (505) 392-9797

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE DEC 1 2001



