

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

OIL CONSERVATION DIVISION

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

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

WELL API NO. 30-025-01505

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.)

7. Lease Name or Unit Agreement Name  
Caprock Maljamar Unit

1. Type of Well:  
OIL WELL ☒ GAS WELL ☐ X OTHER WIW

2. Name of Operator  
The Wiser Oil Company

8. Well No. 54

3. Address of Operator  
207 W. McKay, Carlsbad, NM 88220

9. Pool name or Wildcat  
Maljamar Grayburg San Andres

4. Well Location  
Unit Letter E : 1980 Feet From The North Line and 660 Feet From The West Line  
Section 20 Township 17S Range 33E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

11. 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: 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.

07/27/94 - 08/01/94 - Cleaned well out to 4427'. Ran Vertilog from TD-surf. Ran 5 1/2" AD-1 injection packer & 129 jts 2 3/8" plastic coated injection tbg. Set pkr @ 4005'. Test csg to 420# for 15 min, held good. Well shut in, will begin injection after completion of Caprock Maljamar Unit #193.

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 9/6/94  
TYPE OR PRINT NAME Melanie J. Parker TELEPHONE NO. 505/885-5433

(This space for State Use) RECEIVED - SEP 12 1994

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: