

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 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, New Mexico 87504-2088

WELL API NO. 30-025-24446

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 WELL ☐ GAS WELL ☐ X OTHER WIW

2. Name of Operator
The Wiser Oil Company

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

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.

7/26/94 - 8/1/94 Pulled tbg, rods & pump. Cleaned well out to 4427'. Ran 2 3/8" plastic coated injection tbg & 5 1/2" AD-1 coated injection pkr & set @ 4005'. Tested csg to 420# for 15 minutes, held good. Well SI pending the drilling of Caprock Maljamar Unit #178.

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

SIGNATURE Melanie Parker TITLE Agent DATE 8/16/94
TYPE OR PRINT NAME Melanie J. Parker 505/885-5433 TELEPHONE NO.

(This space for State Use)

ORIGINAL NUMBER OF DISTRICT SECTION
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE AUG 10 1994

CONDITIONS OF APPROVAL, IF ANY:

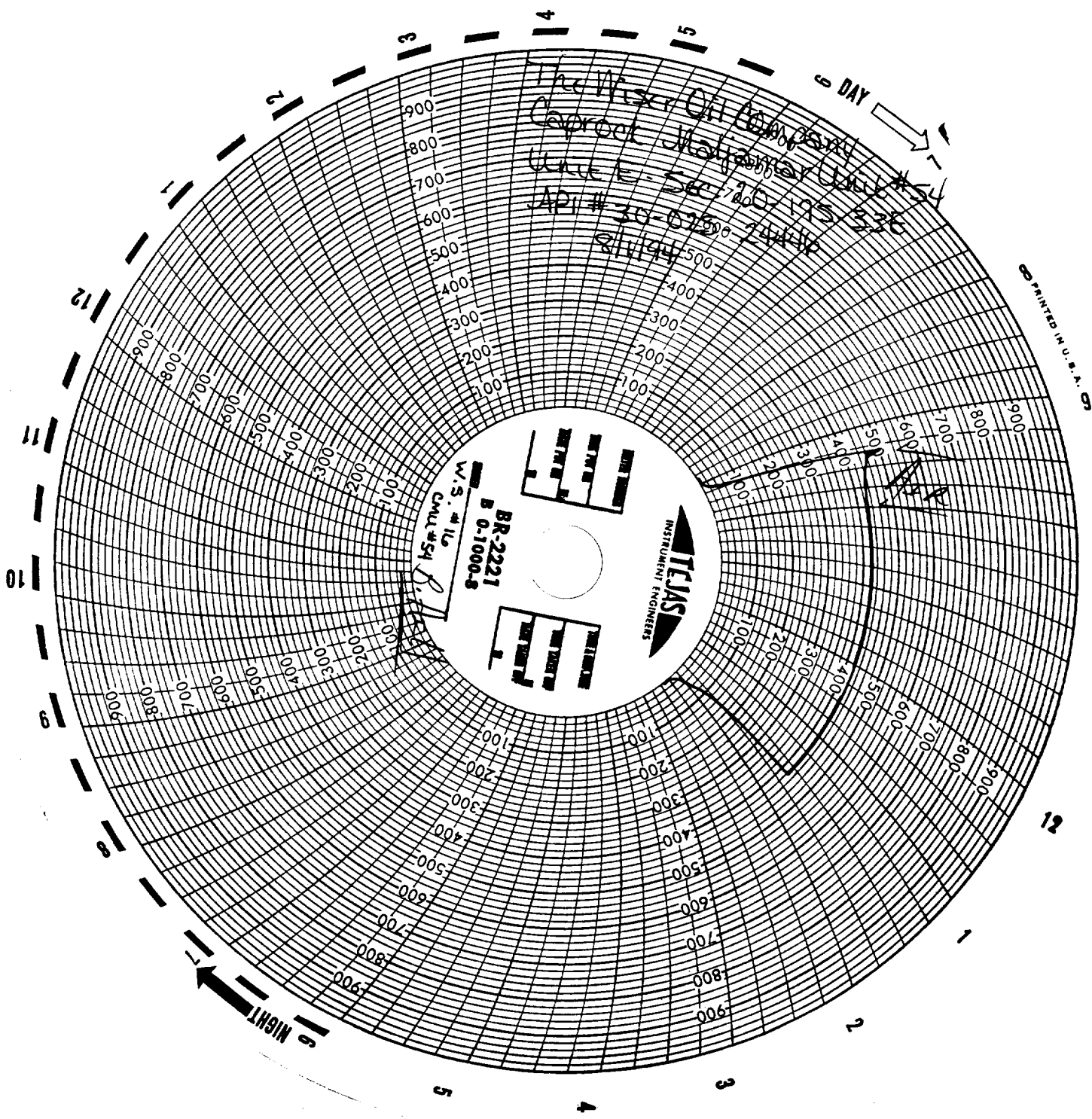
B.T.C.N

2 AD

RECEIVED

AUG 23 1996

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