

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 1980, 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 AP NO.

30-025-01506

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.

56

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 G : 1880 Feet From The North Line and 1980 Feet From The East Line
Section 20 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.

January 1995 Drilled & milled out to 4415'. Acidized perms 4068-4380 w/2500 gal 15% NEFE acid. Set 7" AD-1 tension packer

at 3954 w/123 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

ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT 1 SUPERVISOR

TITLE

DATE

JUL 24 1995

CONDITIONS OF APPROVAL IF ANY: