

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.

30-025-20761

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

B-3610

7. Lease Name or Unit Agreement Name

Maljamar Grayburg Unit (11844)

8. Well No.

2

9. Pool name or Wildcat

Maljamar Grayburg San Andres (43329)

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 (22922)

3. Address of Operator

P. O. Box 2568, Hobbs, NM 88241

4. Well Location

Unit Letter L : 2310 Feet From The South Line and 330 Feet From The West Line

Section 2 Township 17S Range 32E 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: Convert to Water Injection Well ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ 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.

The Wiser Oil Company wishes to convert this well to a Water Injection Well. This is an expansion of the Maljamar Grayburg Unit Waterflood Project and was approved under New Mexico Oil Conservation Division Order WFX-696 on 11-15-96.

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

SIGNATURE Michael R. Burch, CPE TITLE Agent for The Wiser Oil Company DATE 2-4-97

Michael R. Burch, CPE

TYPE OR PRINT NAME

TELEPHONE NO. (505) 623-3758

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: