

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals & Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
1625 French Drive 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.

30-025-32425

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 T & A

2. Name of Operator

The Wiser Oil Company

3. Address of Operator

P.O. Box 2568 Hobbs, New Mexico (505) 392-9797

7. Lease Name or Unit Agreement Name

Caprock Maljamar Unit

8. Well No.

165

9. Pool name or Wildcat

Maljamar Grayburg San Andres

4. Well Location

Unit Letter M : 66 Feet From The South Line and 1256 Feet From The West Line

Section 17

Township 17S

Range 33E

NMPM

Lea

County

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

4200' GR

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: ☐

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.

Wiser requests approval to Temporarily Abandon the well by the procedure listed below.

Perforations: 4169'-5429'

1. POH with equipment and lay down.
2. TIH and set CIBP @ 4120'. Dump 10 sks. cement on CIBP.
3. Pressure test plug and casing to 300#.
4. If holds circulate packer fluid.
5. Pressure test casing to 300# with a pressure recorder.
6. Shut well in.

*Note: Call OCD before beginning work.

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

SIGNATURE

TYPE OR PRINT NAME

Mike Jones

TITLE Superintendent

DATE November 28, 2000

TELEPHONE NO. (505) 392-9797

(This space for State Use)

APPROVED BY

TITLE

DATE