

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.
30-025-32841

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
B-2148

7. Lease Name or Unit Agreement Name
Caprock Maljamar Unit

8. Well No.
195

9. Pool name or Wildcat
Maljamar Grayburg San Andres

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 ☐ OTHER

2. Name of Operator
The Wiser Oil Company

3. Address of Operator
P.O. Box 2568 Hobbs, New Mexico (505) 392-9797

4. Well Location
Unit Letter G : 2614 Feet From The North Line and 2618 Feet From The East Line
Section 20 Township 17S Range 33E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4196' GR

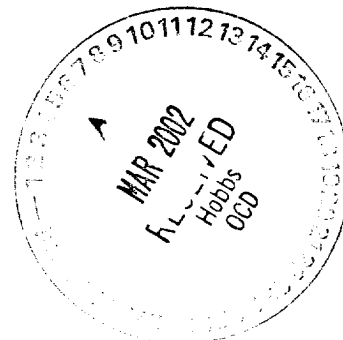
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
NOTICE OF INTENTION TO		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input checked="" type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

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 Oil requests approval to Temporary Abandon the well by the procedure listed below.

Perfs: 4124'-5445'

1. POH with rods & tbg.
2. TIH w/CIBP on tbg. & set @ 4100'.
3. Cap with cement.
4. Circulate hole with packer fluid.
5. Pressure test csg. @ 500# for 30 minutes.



Note: Call the OCD before rig up. Move the rods & tbg. into the yard ASAP.

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

SIGNATURE Mike Jones by mjt TITLE Superintendent DATE March 5, 2002
TYPE OR PRINT NAME Mike Jones TELEPHONE NO. (505) 392-9797

(This space for State Use)

APPROVED BY _____ ORIGINAL SIGNED BY GARY W. WINK DATE MAR 05 2002
CONDITIONS OF APPROVAL, IF ANY: _____
OC FIELD REPRESENTATIVE II/STAFF MANAGER