

Submit 3 copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

310 Old Santa Fe Trail, Room 206
Santa Fe, New Mexico 87503

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Box Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.
30-025-32928

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.)

7. Lease Name or Unit Agreement Name

Caprock Maljamar Unit

1. Type of Well:

Oil ☒

Gas

Well

Well

OTHER

2. Name of Operator

The Wiser Oil Company

3. Address of Operator

8115 Preston Road, Suite 400, Dallas, TX 75225

4. Well Location

Unit Letter M : 50 Feet From The South Line and 1369 Feet From The West Line

Section 18

Township 17S Range 33E NMPM

County Lea

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

4137' GR

11.

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK

PLUG AND ABANDON

REMEDIAL WORK

ALTERING CASING

TEMPORARILY ABANDON

CHANGE PLANS

COMMENCE DRILLING OPNS.

☒ PLUG AND ABANDONMENT

PULL OR ALTER CASING

CASING TEST AND CEMENT JOB

☒

OTHER:

OTHER:

12. Describe Proposed or Completed Operation (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work)
SEE RULE 1103.

01/25/96 Spud 12 1/4" hole @ 1:00 p.m. Ran 11 jts 8-5/8" 24# csg & set @ 500' w/325 sx Halli Lite w/ 1/4 # Flocele. Circ 60 sx to pit.

01/26/96 WOC. Pressure test csg to 1000# for 30 min, no pressure loss.

02/01/96 TD @ 4850'. Ran 114 jts 5 1/2" 17# csg & set @ 4850' w/ 1100 sx Lite. 300 sx .5% Hal 9 & 250 sx Hali 334.. Circ 195 sx.

07/09/96 WOC. Pressure test csg to 1800#, held ok.

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

SIGNATURE

Betty Epie

TITLE

Production Administrator

DATE 08/13/96

TYPE OR PRINT NAME

Betty Epie

TELEPHONE NO.

(214) 265-0080

(THIS SPACE FOR STATE USE)

ORIGINAL FILED IN
DISTRICT OFFICE

TITLE

DATE

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY: