

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
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.

30-025-32931

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

1. Type of Well:

OIL ☐

GAS ☐

WELL ☐

WELL ☐

OTHER ☒ WIW

2. Name of Operator

The Wiser Oil Company

8. Well No.

164

3. Address of Operator

P.O. Box 2568 Hobbs, New Mexico 88241 (505) 392-9797

9. Pool name or Wildcat

Maljamar Grayburg San Andrea

4. Well Location

Unit Letter M : 269 Feet From The South Line and 23 Feet From The West Line

Section 17 Township 17S Range 33E NMPM Lea County

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

4207' 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: Remedial ☒

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.

5/21/97 MIRU DA&S Well Service. LD rods. ND WH. NU BOP. Picked up 15 jts. of 2-7/8" tbg. Did not tag bottom.

5/22/97 POH w/2-7/8" tbg. RIH w/2-7/8" tbg. Tbg. @ 4864'. SN @ 4834'. TAC @ 4833'. Set w/12,000# tension. HES pumped 1000 gals. 15% NE-FE acid down tbg. & up to top perf. @ 4184'. SD for 1 hr. Over displaced tbg. w/10 bbls. 175#. Over displaced csg. w/10 bbls. 190#. ISIP 160#. 5 min. 0#.

5/23/97 RIH w/rods & 2-1/2" x 2" x 20' pump. Left well pumping to Battery "A". RDMO.

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

SIGNATURE Mary Jo Turner TITLE Production Tech II DATE October 18, 2001

TYPE OR PRINT NAME Mary Jo Turner

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE Oct 23 2001

CONDITIONS OF APPROVAL, IF ANY:

