

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

DISTRICT 2
P.O. Drawer DD, Artesia, NM 88210

DISTRICT 3
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
30-025-33005
5. Indicate Type of Lease
State
6. State Oil & Gas Lease No.
B-2148
7. Lease Name or Unit Agreement Name
Caprock Maljamar Unit
8. Well No.
159
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 WELL ☒ GAS WELL ☐ OTHER ☐	
2. Name of Operator The Wiser Oil Company	
3. Address of Operator 207 W. McKay, Carlsbad, NM 88220 505/885-5433	
4. Well Location Unit Letter <u>O</u> : <u>47</u> Feet From The <u>South</u> Line and <u>1358</u> Feet From The <u>East</u> Line Section <u>13</u> Township <u>17S</u> Range <u>32E</u> NMPM <u>Lea</u> County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4097 GR	

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: Amend NSL-3536 ☒

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.

We request an amendment to NSL-3536 due to a typographical error. The location was permitted as:

Caprock Maljamar Unit #159
47' FSL & 1358' FEL, Unit O
Section 13-T17S-R33E

The correct location should be:

Caprock Maljamar Unit #159
47' FSL & 1358' FEL, Unit O
Section 13-T17S-R32E

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

SIGNATURE Melanie J. Parker TITLE Agent DATE 08/11/95
TYPE OR PRINT NAME Melanie J. Parker 505/885-5433 TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON

APPROVED BY DISTRICT 1 SUPERVISOR TITLE DATE OCT 11 1995

CONDITIONS OF APPROVAL IF ANY: