Form C-103 Submit 3 Copies State of New Mexico Revised 1-1-89 Energy, Minerals & Natural Resources Department District Office WELL API NO. OIL CONSERVATION DIVISION DISTRICT I 30-025-33083 1625 French Drive Hobbs, NM 88240 P. O. Box 2088 5. Indicate Type of Lease Santa Fe, NM 7504-2088 STATE FEE DISTRICT II P. O. Drawer DD, Artesia, NM 88210 6. State Oil & Gas Lease No. DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 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 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR, USE "APPLICATION FOR PERMIT" Caprock Maljamar Unit (FORM C-101) FOR SUCH PROPOSALS.) 1 Type of Well: GAS OIL OTHER WELL WELL 8. Well No. 2. Name of Operator The Wiser Oil Company 9. Pool name or Wildcat 3. Address of Operator P.O. Box 2568 Hobbs, New Mexico (505) 392-9797 Maljamar Grayburg San Andres 4. Well Location D: 1302 Feet From The North Line and 1367 Feet From The West Unit Letter Lea 33E County 17S Range **NMPM** Township Section 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4105' GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO LTERING CASING REMEDIAL WORK PERFORM REMEDIAL WORK PLUG AND ABANDON PLUG AND ABANDONMENT COMMENCE DRILLING OPNS. **CHANGE PLANS TEMPORARILY ABANDON** CASING TEST AND CEMENT JOB **PULL OR ALTER CASING** 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: 4086'-4571' TIH & set CIBP @ 4000'. Dig and line a workover pit prior to rigging up. Hook up vac. truck to csg. while doing job. Pressure test plug and casing to 500#. If holds circulate pkr. fluid. Pressure test casing to 500# with a pressure recorder. Shut well in. *Note: Call OCD before beginning work. No equipment in the hole. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

DATE August 16, 2002
TELEPHONE NO. (505) 392-9797 August 16, 2002 TITLE Superintendent SIGNATURE Mike Ones TYPE OR PRINT NAME Mike Jone ONGINAL SIGNED BY (This space for State Use) GARY W. WINKTITLE DATE APPROVED BY OC FIELD REPRESENTATIVE II/STAFF MANAGER CONDITIONS OF APPROVAL, IF ANY: