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	OIL CONSERVATION DIVISION P. O. Box 2088		WELL API NO. 30-025-33281
DISTRICT II P. O. Drawer DD, Artesia, NM 88210	Santa Fe, NM 87504-2088		5. Indicate Type of Lease STATE FEE FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			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			8. Well No.
The Wiser Oil Company			210 9. Pool name or Wildcat
3. Address of Operator P.O. Box 2568 Hobbs, New Mexico 88241 (505) 392-9797			Maljamar Grayburg San Andres
4. Well Location			Maljaniai Grayburg San Andres
Unit Letter O: 1141 Feet From The South Line and 2472 Feet From The East Line			
Section 20	Township 17S	Range 33E	NMPM Lea County
	10. Elevation (Show v	vhether DF, RKB, RT, GR, etc.)	
4087' GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
	NTENTION TO		SEQUENT REPORT OF:
NOTICE OF I			
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	☐ ALTERING CASING ☐
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLIN	G OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND CE	EMENT JOB L
OTHER:		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 Oil request approval to Temporary Abandon the well by the procedure listed below. Perforations: 4179'-4637' 5-1/2" 17# casing.			
1. POH w/pump and rods. TOH w/tbg.			
2. TIH & set CIBP @ 4100'.	OII WILL		
Pressure test plug & csg. to			<i>f</i>
4. If holds circulate pkr. fluid	l.		
5. POH w/tbg.6. Pressure test csg. to 500# with a pressure recorder.			
7. Shut well in.			€ 15 (15 (15 (15 (15 (15 (15 (15 (15 (15
Note: Call OCD before beginni	ing work.		
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I hereby certify that the Information above is true and complete to the best of my knowledge and belief.			
SIGNATURE			
TYPE OR PRINT NAME Mike Jones / (This space for State Use) ORIGINAL SIGNED BY			
GARY W. WINK			
	EPRESENTATIVE II/STAFF A		DATE SEP 26 2002