

Submit 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 APT NO. 30-025-33438

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.)

1. Type of Well:
Oil ☒ Gas ☐
Well ☐ Well ☐ OTHER

7. Lease Name or Unit Agreement Name
Caprock Maljamar Unit

2. Name of Operator
The Wiser Oil Company

8. Well No. 261

3. Address of Operator
8115 Preston Road, Suite 400, Dallas, TX 75225

9. Pool name or Wildcat
Maljamar Grayburg San Andres

4. Well Location
Unit Letter O : 2080 Feet From The East Line and 760 Feet From The South Line
Section 18 Township 17S Range 33E NMPM County Lea

10. Elevation (Show whether DF, RKB, GR, etc.)
4221'

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: Began injecting ☒

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.

09/19/96 Waiting on step rate test to begin injection.

03/24/97 MIRU DA&S WS. NU BOP. Rlsed on-off tool. LD 50 jts 2-3/8" IPC tbg. Circ
w/FW to clean up salt. RIH w/49 new 2-3/8" IPC jts tbg & 20' subs. Circ
pkr fl. Engage on-off tool.
Initial injection 400 BWPD @ 200#.



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 10/03/97

TYPE OR PRINT NAME Betty Epie TELEPHONE NO. (214)265-0080

(THIS SPACE FOR STATE USE)

APPROVED BY GARY WICK TITLE FIELD REP II DATE 10/12/97

CONDITIONS OF APPROVAL, IF ANY

