| Submit 3 Copies To Appropriate District                                                                                                                                                                                  | State of                                       | New M                     | exico                                   |                                                        | Form C-10                   | )3            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|---------------------------|-----------------------------------------|--------------------------------------------------------|-----------------------------|---------------|
| Office <u>District I</u> Energy, Minerals and Natural Resources                                                                                                                                                          |                                                |                           | F                                       | Revised March 25, 19                                   |                             |               |
| 1625 N. French Dr., Hobbs, NM 87240<br>District II                                                                                                                                                                       |                                                |                           |                                         | WELL API NO.<br>30-025-01507                           |                             |               |
| 811 South First, Artesia, NM 87210 OIL CONSERVATION DIVISION                                                                                                                                                             |                                                |                           |                                         | 5. Indicate Type of Lease                              |                             |               |
| District III 1000 Rio Brazos Rd., Aztec, NM 87410 2040 South Pacheco                                                                                                                                                     |                                                |                           | STATE FEE                               |                                                        |                             |               |
| District IV Santa Fe, NM 87505 2040 South Pacheco, Santa Fe, NM 87505                                                                                                                                                    |                                                |                           |                                         | 6. State Oil & Gas Lease No.                           |                             |               |
| SUNDRY NOTICES AND REPORTS ON WELLS                                                                                                                                                                                      |                                                |                           |                                         | B-2148 7. Lease Name or Unit AgreementName:            |                             |               |
| (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 - Injection |                                                |                           |                                         | Caprock Maljamar Unit                                  |                             |               |
| 2. Name of Operator                                                                                                                                                                                                      |                                                |                           |                                         | 8. Well No.#59                                         |                             |               |
| The Wiser Oil Company                                                                                                                                                                                                    |                                                |                           |                                         |                                                        |                             |               |
| 3. Address of Operator P.O. Bcx 2568 Hobbs, New Mexico 88241                                                                                                                                                             |                                                |                           |                                         | 9. Pool name or Wildcat                                |                             |               |
| 10 Vell Location                                                                                                                                                                                                         |                                                |                           |                                         | Maljamar Grayburg S                                    | an Ancres                   | i             |
| Unit Letter F the WEST line  Section 21                                                                                                                                                                                  | Township 178  10. Elevation (Show v            | Range                     | 33E                                     | line and 1980'                                         | feet from                   |               |
|                                                                                                                                                                                                                          | 4180' GR                                       | vneiner D                 | R, KKB, KI, GK, ei                      | (C.)                                                   | a a                         |               |
| 11. Check A                                                                                                                                                                                                              | ppropriate Box to Inc                          | dicate N                  | ature of Notice,                        | Report or Other Dat                                    | a                           |               |
| NOTICE OF IN                                                                                                                                                                                                             | TENTION TO:                                    | _                         |                                         | SSEQUENT <u>R</u> EPO                                  |                             |               |
|                                                                                                                                                                                                                          |                                                |                           |                                         |                                                        | LUG AND<br>BANDC NMENT I    | L□            |
| PULL OR ALTER CASING                                                                                                                                                                                                     | MULTIPLE<br>COMPLETION                         |                           | CASING TEST A<br>CEMENT JOB             | ND                                                     | A STOCK THINE IT            |               |
| OTHER.                                                                                                                                                                                                                   |                                                |                           | OTHER:                                  |                                                        |                             |               |
| Describe proposed or complete of starting any proposed work).                                                                                                                                                            | ed operations. (Clearly st. SEE RULE 1103. For | tate all pe<br>Multiple ( | rtinent details, and Completions: Attac | give pertinent dates, incl<br>ch wellbore diag am of p | radin a satismata da da far |               |
| MIRU_POH with production a                                                                                                                                                                                               | equipment TIH with co                          | a Scraner                 | · Sat CIDD @ 4260                       | "THE COMMISSION !                                      | MUST AF NOTIFIE             | 77 2 <b>4</b> |
| Dump 25 sxs cement on plug.                                                                                                                                                                                              | Administration of the American                 | s. Scraper                | . Set CIDF ( <i>a)</i> 4200             | 70.80 - 04.70                                          | THE PIGINAL IT              |               |
| <ul> <li>MIRU. POH with production of Dump 25 sxs cement on plug.</li> <li>Circulate abandonment mud.</li> <li>Set 25 sx cement plug @ 1500°</li> </ul>                                                                  | feet & E. P. C. Wal                            | le to de                  | 7                                       | The CARLATE                                            | DING FOR THE G              | -103          |
| • Set 25 sx cement plug @ 1500*                                                                                                                                                                                          | and 2325/2 [4/1 3/                             | 2551                      |                                         | 100 解。例代别文字题                                           |                             |               |
| <ul> <li>Pertorate casing @ 400' and cir</li> <li>POH to 50' and set cement plug</li> </ul>                                                                                                                              | culate cement to surfa                         | in the cas                | ing annulus.                            |                                                        |                             |               |
| <ul> <li>Install dry hole marker.</li> </ul>                                                                                                                                                                             | ; to surace.                                   |                           |                                         |                                                        |                             |               |
| Clean location.                                                                                                                                                                                                          |                                                |                           |                                         |                                                        |                             |               |
|                                                                                                                                                                                                                          |                                                |                           |                                         |                                                        |                             |               |
|                                                                                                                                                                                                                          |                                                |                           |                                         |                                                        |                             |               |
| I hereby certify that the information                                                                                                                                                                                    | above is true and comple                       | ete to the                | best of my knowled                      | lge and belief                                         |                             |               |
|                                                                                                                                                                                                                          |                                                |                           | <u>,</u>                                | <u> </u>                                               |                             |               |
| SIGNATURE                                                                                                                                                                                                                | 71iV TIT                                       | LE <u>: Supe</u>          | rintendent                              | DATE                                                   | 12/6/99                     |               |
| Type or print name: G. M. Jones (This space for State use)                                                                                                                                                               | SINAL SIGNED TITELED FOR THE                   |                           |                                         |                                                        |                             |               |
| APPROVED BY ORIG                                                                                                                                                                                                         | MAL ST.                                        | T 17                      |                                         | ~                                                      | IEC 2 & 1998                |               |
| Conditions of approval                                                                                                                                                                                                   | FIELD P                                        | TLE                       | <del></del>                             | DATE                                                   | JEU -                       |               |
| Common or abbroam                                                                                                                                                                                                        | ,                                              |                           |                                         |                                                        | 1                           | Ž.            |
| 1                                                                                                                                                                                                                        |                                                |                           |                                         |                                                        | V                           | de            |