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State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

OIL CONSERVATION DIVISION

DISTRICT I 310 Old Santa Fe Trail, Room 206 WELL API NO. P.O Box 1980, Hobbs, NM 88240 Santa Fe, New Mexico 87503 30-025-01511 DISTRICT II P.O. Box Drawer DD, Artesia, NM 88210 Indicate Type of Lease STATE FEE DISTRICT III 6. State Oil & Cas Lease No. 1000 Rio Brazos Rd., Aztec, NM 87410 B-2141 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" 7. Lease Name or Unit Agreement Name (FORM C-101)FOR SUCH PROPOSALS.) 1. Type of Well: Caprock Maljamar Unit Oil Gas Well Well OTHER Water Injection Well 2. Name of Operator 8. Well No. The Wiser Oil Company 45 3. Address of Operator 9. Pool name or Wildcat 8115 Preston Road, Suite 400, Dallas, TX 75225 Maljamar Grayburg San Andres 4. Well Location Unit Letter : 660 Feet From The North Line and 660 Feet From The West Line Section Township 17S Range 33E **NMPM** County Lea 10. Elevation (Show whether DF, RKB, GR, etc.) Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11 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: X 12. Descibe Proposed or Completed Operation (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) MIRU Lucky WS #13. ND WH. NU BOP. Tested csg. to 350# for 15 min. Released pkr. Could not pull tbg. 09/10/96 Worked tbg. free. ND WH & NU. Picked up 4-1/4" bit & 2-7/8" WS. Drilling formation. 09/11/96 09/20/96 RU HES pmped 250 Xylene + 3500 gals Fer-check 15% acid. LD 2-7/8" work string. RIH w/Perma-latch pkr & 135 jts 2-3/8" tbg to 4175'. Set pkr @ 4178'. Tested csg. & circ pkr fluid. 09/23/96 Ran chart for 15 min. to 300#. 09/24/96 Waiting on Step Rate Test. 12/02/96 NU WH. Initial Injection - 100 BWPD @ 0#. I hereby certify that the information above is true an complete to the best of my knowledge and belief. SIGNATURE Production Administrator DATE 03/31/97 TYPE OR PRINT NAME Betty Epie TELEPHONE NO (214)265-0080

TITLE

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY

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