

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

DISTRICT 2
P.O. Drawer DD, Artesia, NM 88210

DISTRICT 3
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.

30-025-01526

5. Indicate Type of Lease

State

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
WELL

☐

GAS

WELL

☐

OTHER

☒

Shut-in injector

2. Name of Operator

The Wiser Oil Company

8. Well No.

93

3. Address of Operator

207 W. McKay, Carlsbad, NM 88220 505/885-5433

9. Pool name or Wildcat

Maljamar Grayburg San Andres

4. Well Location

Unit Letter

L

1980

Feet From The

South

Line

and

660

Feet From The

West

Line

Section

28

Township

17S

Range

33E

NMPM

Lea

County

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

4145' GR

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:

Cement Squeeze Hole(s) in 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.

1. RU pulling unit.
2. Install BOP.
3. POH w/tubing & packer.
4. RIH w/pkr & bridge plug.
5. Locate hole in 5 1/2" csg.
6. Cement squeeze hole.
7. Drill cut cement.
8. Run tubing & packer.
9. Return well to active injection status.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

Melanie J. Parker

TITLE

Agent

DATE

01/04/96

TYPE OR PRINT NAME

Melanie J. Parker

505/885-5433

TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 SUPERVISOR

APPROVED BY

DATE

JAN 09 1996

CONDITIONS OF APPROVAL IF ANY: