

DISTRICT I  
1625 French Drive Hobbs, NM 88240

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

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

## OIL CONSERVATION DIVISION

P. O. Box 2088  
Santa Fe, NM 7504-2088

WELL API NO.

30-025-01529

5. Indicate Type of Lease

STATE

FEE

6. State Oil & Gas Lease No.

B-2229

### 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

2. Name of Operator

The Wiser Oil Company

8. Well No.

89

3. Address of Operator

P.O. Box 2568 Hobbs, New Mexico (505) 392-9797

9. Pool name or Wildcat

Maljamar Grayburg San Andres

4. Well Location

Unit Letter C : 990 Feet From The North Line and 1650 Feet From The West Line

Section 28 Township 17S Range 33E NMPM Lea County

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

4182' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

#### NOTICE OF INTENTION TO

PERFORM REMEDIAL WORK

☐

PLUG AND ABANDON

☐

TEMPORARILY ABANDON

☒

CHANGE PLANS

☐

PULL OR ALTER CASING

☐

OTHER:

☐

#### SUBSEQUENT REPORT OF:

REMEDIAL WORK

☐

ALTERING CASING

☐

COMMENCE DRILLING OPNS.

☐

PLUG AND ABANDONMENT

☐

CASING TEST AND CEMENT JOB

☐

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 Temporarily Abandon the well by the procedure listed below.

Perforations: 4287'-4472'

1. POH & LD equipment.
2. TIH & set CIBP @ 4200. Dump 10 sks. cement on CIBP.
3. Pressure test plug & csg. to 300#.
4. If holds circulate pkr. fluid.
5. Pressure test csg. to 300# with a pressure recorder.
6. Shut well in.

Note: Call OCD before beginning work.

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

TITLE Superintendent

DATE June 28, 2002

TELEPHONE NO. (505) 392-9797

(This space for State Use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

ORIGINAL SIGNED BY  
GARY W. WINK  
OC FIELD REPRESENTATIVE II/STAFF MANAGER

DATE

JUL 2 2002

