

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.

30-025-01536

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.)

7. Lease Name or Unit Agreement Name

Caprock Maljamar Unit

1. Type of Well:

OIL ☐

GAS ☐

WELL ☐

WELL ☐

OTHER ☐ WIW

2. Name of Operator

The Wiser Oil Company

8. Well No.

96

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 I : 1650 Feet From The South Line and 990 Feet From The East Line

Section 28 Township 17S Range 33E NMPM Lea County

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

4190' KB

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 ☐

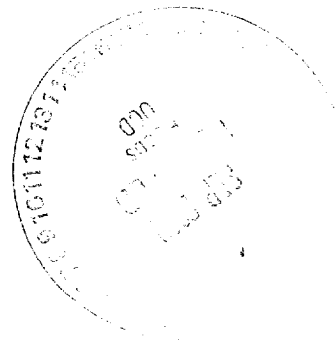
OTHER: ☐

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.

Perforations: 4222'-4432' 5-1/2" 15.5# casing

1. TOH w/5-1/2" J-Lok pkr. TIH & set CIBP @ 4150'.
2. Pressure test plug & casing to 500#.
3. If holds circulate pkr. fluid.
4. POH w/tbg.
5. Pressure test casing to 500# with a pressure recorder.
6. Shut well in.

Note: Intent to TA well. 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

Mike Jones

TITLE

Production Superintendent

DATE October 3, 2002

TYPE OR PRINT NAME

Mike Jones

TELEPHONE NO.

(505) 392-9797

(This space for State Use)

APPROVED BY

ORIGINAL SIGNED BY
GARY W. WINK

TITLE

OCD FIELD REPRESENTATIVE II/STAFF MANAGER

DATE

OCT 05 2002