

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals & Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P. O. Box 1980, 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 <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
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 <input type="checkbox"/> GAS <input type="checkbox"/> WELL <input type="checkbox"/> WELL <input type="checkbox"/> OTHER WIW		8. Well No. 96
2. Name of Operator The Wiser Oil Company		9. Pool name or Wildcat Maljamar Grayburg San Andres
3. Address of Operator P.O. Box 2568 Hobbs, New Mexico		
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		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: Return well to injection <input checked="" type="checkbox"/>	

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.

07/01/99 Shut in well.

10/04/01 Return well to injection.

Test casing to 500 PSL. Chart retained by Johnny Robinson - NMOCD.

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

SIGNATURE Mary Jo Turner TITLE Production Tech II DATE December 30, 2001
TYPE OR PRINT NAME Mary Jo Turner TELEPHONE NO. (505) 392-9797

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE JAN 30 2002