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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-101 and C-102
Effective 1-1-51

5a. Indicate Type of Lease
State ☒ Fee ☐
5. State Oil & Gas Lease No.
K 5278

SUNDY NOTICES AND REPORTS ON WELLS

DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.
SEE "APPLICATION FOR PERMIT" FORM C-101, FOR SUCH PROPOSALS.

1. ☒ OIL WELL ☐ GAS WELL ☐ OTHER	7. Unit Agreement Name
2. Name of Operator The Wiser Oil Company	8. Farm or Lease Name State "L"
3. Address of Operator P.O. Box 2467, Hobbs, N. Mex. 88240	9. Well No. 1
4. Location of Well UNIT LETTER B 330 FEET FROM THE North LINE AND 1900 FEET FROM THE East LINE, SECTION 26 TOWNSHIP 18S RANGE 37E N.M.P.M.	10. Field and Pool, or Wildcat Hobbs
15. Elevation (Show whether LF, RT, GR, etc.) 3674.8 GR	12. County Lea

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 ☐	OTHER ☐	CASING TEST AND CEMENT JOB ☐	

17. 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.

Spudded well on September 18, 1975 at 8:00 AM. Drilled 12 1/2" hole to 356 ft. Circulated for 30 minutes and run 353 ft. of 8-5/8" - 24# casing with Texas style shoe on bottom. Cemented 8-5/8" casing with 225 sx class C cement w/2% cc and 1/2# flo seal per sx. Circulated cement to surface. Plug down at 3:30 PM on September 18, 1975. Waited 20 hrs for cement to set and tested casing with 1000# pressure for 30 minutes. Pressure held. Resumed drilling operations.

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

SIGNED B. H. Singleton TITLE District Supt. DATE 9-20-75

APPROVED BY John R. Ryan Geologist TITLE Geologist

CONDITIONS OF APPROVAL, IF ANY: