Submit 3 copies to Appropriate District Office

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

OIL CONSERVATION DIVISION 310 Old Santa Fe Trail, Room 206

|                                 | Revised 1-1-  | <b>8</b> 9 |  |  |  |
|---------------------------------|---|------------|--|--|--|
|                                 | WELL API NO.<br>30-025-33266                                |            |  |  |  |
|                                 | 5. Indicate Type of Lease STATE X FEE                       |            |  |  |  |
|                                 | 6. State Oil & Gas Lease No.<br>B-2148                      |            |  |  |  |
|                                 |   |            |  |  |  |
|                                 | 7. Lease Name or Unit Agreement Name  Caprock Maljamar Unit |            |  |  |  |
|                                 | 8. Well No.   |            |  |  |  |
|                                 | 9. Pool name or Wildcat Maljamar Grayburg San Andres        |            |  |  |  |
| The                             | West  | _Line      |  |  |  |
|                                 | County Lea  |            |  |  |  |
| r Da                            | ata<br>RT OF:   |            |  |  |  |
| <i>.</i> 1 O.                   | ALTERING CASING   |            |  |  |  |
| ЭB                              | x PLUG AND ABANDONMENT                                      |            |  |  |  |
|                                 |   |            |  |  |  |
| ed dat                          | te of starting any proposed work)                           |            |  |  |  |
| ' w/ 2% CaCl2 & 1/4# Flocele/sx |   |            |  |  |  |
|                                 |   |            |  |  |  |
| /25                             | 0 sx Class "C".   |            |  |  |  |
| <b>412</b> 3                    | O SX CIASS C.   |            |  |  |  |
|                                 |   |            |  |  |  |
|                                 |   |            |  |  |  |
|                                 |   |            |  |  |  |

| DISTRICT I<br>P.O. Box 1980, Hobbs, NM 8824   | 310 Old Santa Fe T<br>Santa Fe, New M       | Trail, Room 206<br>Iexico 87503  | WELL API NO.<br>30-025-33266                          |  |  |
|---|---|--|---|--|--|
| DISTRICT II P.O Box Drawer DD, Artesia, NA  | <b>4 882</b> 10                             |  | 5. Indicate Type of Lease STATE X FEE                 |  |  |
| DISTRICT III<br>1000 Rio Brazos Rd., Aztec, NM  | 87410                                       |  | 6. State Oil & Gas Lease No. B-2148                   |  |  |
| SUNDRY 1<br>(DO NOT USE THIS FOR  |   |  |   |  |  |
| DIFFERENT<br>(FORM C-   | 7. Lease Name or Unit Agreement Name        |  |   |  |  |
| 1. Type of Well: Oil X Gai  | L   |  | Caprock Maljamar Unit                                 |  |  |
| Well We  2. Name of Operator  | II OTHER                                    | - Total Control Contro | 8. Well No.   |  |  |
|   | e Wiser Oil Company                         |  | 182   |  |  |
| 3. Address of Operator  | 15 Preston Road, Suite 400, Dallas, TX 7    | 5225   | Pool name or Wildcat     Maljamar Grayburg San Andres |  |  |
| 4. Well Location  |   |  |   |  |  |
| Unit Letter _D  | : 1276 Feet From The North                  | Line and 48 Feet From The  | West Line   |  |  |
| Section 21  |   |  | County Lea  |  |  |
|   | 10. Elevation ( Show whether Di<br>4170' GR | r, RKB, GR, etc.)  |   |  |  |
| 11  | Check Appropriate Box to Indicate N         | 1 • • • • • • • • • • • • • • • • • • •  |   |  |  |
| NOTICE OF I   | NTENTION TO:                                | SUBSEQUENT REPO  | RT OF:  |  |  |
| PERFORM REMEDIAL WOR  | K PLUG AND ABANDON                          | REMEDIAL WORK  | ALTERING CASING                                       |  |  |
| TEMPORARILY ABANDON   | CHANGE PLANS                                | COMMENCE DRILLING OPNS.  | X PLUG AND ABANDONMENT                                |  |  |
| PULL OR ALTER CASING  |   | CASING TEST AND CEMENT JOB   | x   |  |  |
| OTHER:  |   | OTHER:   |   |  |  |
| 12 Descibe Proposed or Completed Operation (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103. |   |  |   |  |  |
| O2/18/96 Spud @ 1:15 a.m. Ran 11 jts 8-5/8" 23#/ft csg. Cmt w/ 375 sx Class "C" w/ 2% CaCl2 & 1/4# Flocele/sx Plug down @ 9:30 am. Circ 100 sx.                                   |   |  |   |  |  |
| 01/28/96 WOC. Pressure test csg to 1000# for 30 min, no press loss.   |   |  |   |  |  |
| 02/24/96 TD @ 4850' @ 6:00 a.m.   |   |  |   |  |  |
| 02/24/96 Ran 114 jts 5 ½" 17# J-55 LT&C csg. Cmt w/1150 sx Hal Lite. Tail in w/250 sx Class "C". Plug down @ 4:10 p.m. Circ 11 sx.  |   |  |   |  |  |
| 05/16/96 WOC. Pressure test csg to 1500# for 30 min, no press loss.   |   |  |   |  |  |
|   |   |  |   |  |  |
|   |   |  |   |  |  |
|   |   |  | <del> </del>  |  |  |

tion above is true an complete to the best of my knowledge and belief. TITLE Production Administrator SIGNATURE DATE 07/01/96 TYPE OR PRINT NAME Betty Epie (214)265-0080 TELEPHONE NO. (THIS SPACE FOR STATE USE) JUL 10 1996 APPROVED BY TITLE