

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.

30-025-33773

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

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.

280

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 M : 932 Feet From The South Line and 330 Feet From The West Line

Section 28 Township 17S Range 33E NMPM Lea County

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

4088'

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 requests approval to Plug and Abandon the well by the procedure listed below.

Surface Casing: 8-5/8" set @ 444' Production Casing 5-1/2" set @ 4827'

Perfs: 4200'-4649'

1. RIH w/CIBP & set @ 2300'.

2. Spot 50' cmt. on top of CIBP.

3. Tag cmt.

4. Circulate abandonment mud.

5. Spot 50' cmt. plug @ 1600'.

6. Tag cmt.

7. Spot 50' cmt. plug @ 600'.

8. Tag cmt.

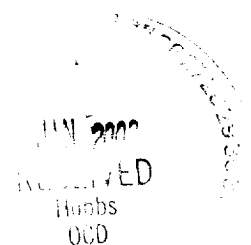
9. Spot 50' cmt. plug @ 444'.

10. Tag cmt.

11. Spot 50' cmt. plug to surface.

12. Install dry hole marker. Clean location.

THE COMMISSION MUST BE NOTIFIED 24
HOURS PRIOR TO THE BEGINNING OF
PLUGGING OPERATIONS FOR THE C-103
TO BE APPROVED.



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

SIGNATURE Mike Jones TITLE Superintendent

DATE January 16, 2002
TELEPHONE NO. (505) 392-9797

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE JAN 24 2002