

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and 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, New Mexico 87504-2088

WELL API NO. 30-025-24919

5. Indicate Type of Lease
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

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
Downes "B"

1. Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER

8. Well No.
3

2. Name of Operator
THE WISER OIL COMPANY

9. Pool name or Wildcat
Tubbs oil & Gas

3. Address of Operator
700 Petroleum Building, Wichita Falls, TX 76301

4. Well Location
Unit Letter D : 560 Feet From The North Line and 810 Feet From The West Line
Section 8 5 Township 22-S Range 37E NMPM Lea County

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

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: Plug back to re-complete ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: Plugged and re-completed ☒

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.

Plug back from Drinkard zone to Tubbs zone.
Set CIBP @ 6530 w/35' cement - 8-13-90
Perf zone 6149 - 6241 8-14-90
Acidize w/4,000 gal 15% NEFE acid 8-15-90
Fracked w/721 sx 20/40 sand 86 tons CO2 8-16-90

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

SIGNATURE Herbert L. Holder TITLE Drlg & Comple Supervisor DATE 8-22-90

TYPE OR PRINT NAME

TELEPHONE NO. 817-723-6552

(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

ZA Drinkard E