

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

OCA-Hobbs
SUBMIT IN TRIPLICATE *
(Other Instructions on
reverse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

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 - " for such proposals.)		5. LEASE DESIGNATION AND SERIAL NO. LC-064149
1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
2. NAME OF OPERATOR The Wiser Oil Company		7. UNIT AGREEMENT NAME Maljamar Grayburg Unit
3. ADDRESS OF OPERATOR P.O. Box 2568 Hobbs, New Mexico 88241		8. WELL NAME AND NO. 31
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FSL & 1980' FEL Unit O		9. API WELL NO. 30-025-00480
14. PERMIT NO		10. FIELD AND POOL, OR WILDCAT Maljamar Grayburg San Andres
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4052' DF		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 8-T17S-R32E
		12. COUNTY OR PARISH Lea County
		13. STATE NM

16. Check Appropriate Box to indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT * <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Temporarily Abandon</u>	
(Other)		(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS: (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

08/14/98 MIRU unit. POH w/rods & pump. TOH w/2-3/8" tbg. TIH w/2-3/8" tbg. & CIBP. Set CIBP @ 3550'. Current open hole perforations 3575'-4116'. Circulated pkr. fluid. Pressure tested csg. to 300# for 15 min. Held ok. RDMO unit. Well is TA'D. Final Report.

Howe
2001

18. I hereby certify that the foregoing is true and correct.

SIGNED *J.M. Jones* TITLE Superintendent DATE December 12, 2000

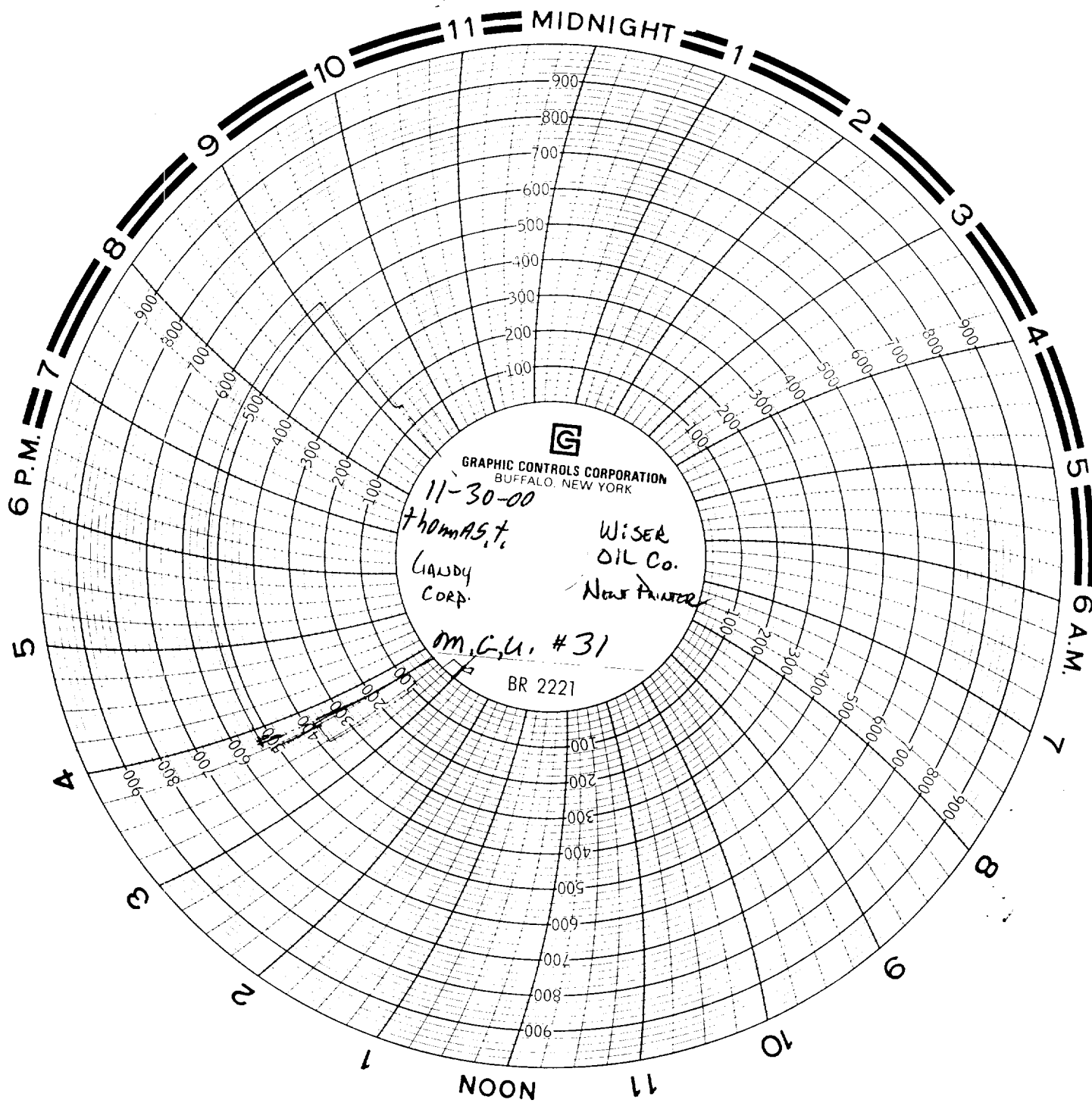
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: _____

FEB 07 2001

*See Instruction On Reverse Side



G
GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK

11-30-00

THOMAS, T.

LAWDY
CORP.

WISER
OIL Co.

New AMSTER

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BR 2221