

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division
SUBMIT IN TRIPlicate
(Other copies to be submitted on reverse side)
Budget Bureau No. 1004-0135
Expires August 31, 1985
1823 N. French Dr.
Hobbs, NM 88240

5. WELL DESIGNATION AND SERIAL NO. NM-801	
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.)	
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 Caprock Maljamar Unit
3. ADDRESS OF OPERATOR P.O. Box 2568 Hobbs, New Mexico 88241	8. API WELL NO. 30-025-01385
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FNL & 660' FEL Unit #1	9. WELL NO. 103
	10. FIELD AND POOL, OR WILDCAT Maljamar Grayburg San Andres
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 33-T17S-R33E
14. PERMIT NO	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4170'
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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Acidize</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.)

07/12/02 MIRU Eumice Well Service. POH w/rods & pump. ND WH. RU BOP. POH w/2-3/8" tbg. LD BHA. RIH w/5-1/2" scraper to 4500'. Circulate hole w/130 bbls. brine water. POH w/tbg. LD tools. RIH w/2-3/8" x 5-1/2" AD-1. Spot control valve on 2-3/8" tbg. to 4470'. Spot 110 gals. Pro-Kem SC-999 scale converter across Grayburg perms. 4420'-4464'.

07/15/02 RU swab. FL @ surface. FFL @ 2400'. RD swab. RU Cudd Pressure Service. Pickle tbg. w/200 gals. 15% HCL acid. Test tbg. to 4000#. Acidize Grayburg 4420'-4464' w/3000 gals. 15% HCL NE-FE acid & 20 series system anti-sludge w/110 gals. SQ-1000 Pro-Kem scale squeeze compound & 2500# rock salt. Best block 1000#. Best break 1100#. ATP 2050# @ 3.5 bpm. MTP 3500# @ 3.8 bpm. ISIP 1630#. 5 min. 946#. 10 min. 593#. 15 min. 245#. Flush w/20 bbls. fresh water. RD Cudd. 1 hr. SI 100#. RU swab. FL @ surface. FFL @ 2100'.

07/16/02 Pump 20 bbls. fresh down tbg. Unset pkr. POH w/tbg. LD pkr. RIH w/2-3/8" tbg. Tbg. @ 4445'. SN @ 4438'. RD BOP. NU WH. RIH w/rods & 1-1/2" x 12' pump. Left well pumping to CMU Battery "C".

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

SIGNED Mary Jo Tunney TITLE Production Tech II DATE August 9, 2002

(This space for Federal or State office use)

APPROVED BY DAVID R. GLASS DATE _____

CONDITIONS OF APPROVAL, IF ANY

DAVID R. GLASS
PETROLEUM ENGINEER

*See Instruction On Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

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