

OCA - Hobbs

Form 3160-5
(November 1983)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. LC-059576	
2. NAME OF OPERATOR The Wiser Oil Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 2568 Hobbs, New Mexico 88241		7. UNIT AGREEMENT NAME Maljamar Grayburg Unit	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 15' FNL & 2478' FEL Unit B		8. WELL NAME AND NO. 95	
14. PERMIT NO		9. API WELL NO. 30-025-32039	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4196' GR		10. FIELD AND POOL, OR WILDCAT Maljamar Grayburg San Andres	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 10-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:

TEST WATER SHUT OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) Temporary Abandon	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT * <input checked="" type="checkbox"/>
(Other) Perf., Acidize & Swab Test Queen (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.)

8/08/03 MIRU Eunice Well Service. POH w/rods & pump. ND WH. RU BOP. POH w/2-3/8" tbg. LD BHA. RU Computalog WL and perforate Queen f/3370'-94' w/4 SPF. RD WL. RIH w/5-1/2" RBP & pkr. on 2-3/8" tbg. Set RBP @ 3500'. RU Cudd Pressure Service. Pickle tbg. w/200 gals. 15% HCL acid. Spot 100 gals. 15% HCL acid across Queen perfs. 3370'-94'. Set pkr. @ 3300'. Acidize Queen w/2000 gals. 15% HCL acid w/anti-sludge and iron control using 1750# rock salt. Broke formation @ 1760#. Best block 1460#. Best break 1660#. ATP 1800# @ 3.5 bpm. MTP 3000# @ 4.0 bpm. ISIP 1400#. 5 min. 620#. 10 min. 1165#. 1 hr. S.I. 0#. Parted sandline. POH w/2-3/8" tbg. & pkr.

8/09/03 RIH w/5-1/2" pkr. on 2-3/8" tbg. Set pkr. @ 3300'. RU swab. FL 1400'. FFL @ 3000'. RD swab. POH w/2-3/8" tbg. LD pkr.

8/11/03 RIH w/setting tool on 2-3/8" tbg. Tag salt @ 3480'. Wash to 3500'. POH w/2-3/8" tbg. LD tools. RIH w/2-3/8" tbg. & TAC. Tbg. @ 4285'. SN @ 4250'. TAC @ 3308'. RD BOP. NU WH. RIH w/rods & pump. Left well pumping to MGBU Sat. # 95.

8/25/03 MIRU Eunice Well Service. POH w/rods & pump. ND WH. RU BOP. POH w/2-3/8" tbg. LD BHA. RIH w/5-1/2" RBP & pkr. on 2-3/8" tbg. @ 3500'. Set RBP 'POH to 3300'. Set pkr.

8/26/03 FL @ 1100'. FFL @ 1100'. Released pkr. Retrieve RBP. POH w/tools.

8/27/03 RIH w/2-3/8" tbg. POH and LD 2-3/8" tbg. RDMO. Left well shut in pending engineering study.

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

SIGNED Mary Jo Tunney TITLE Production Tech II DATE October 24, 2003

(This space for Federal or State office use)

APPROVED BY Chris Williams TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instruction On Reverse Side

