

**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

*OCD - Hobbs*

**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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-0315712	
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 Greyburg Unit	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface  660' FSL & 990' FWL Unit M		8. WELL NAME AND NO. 25	
		9. API WELL NO. 30-025-00459	
		10. FIELD AND POOL, OR WILDCAT Grayburg - QN-GB-SA	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 4-T17S-R32E	
14. PERMIT NO	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4097' GR	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 checked="" type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other)	

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 type="checkbox"/>
(Other) <input type="checkbox"/>	
(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 an true vertical depths for all markers and zones pertinent to this work.)

INTENT TO TA'D WELL WITH PACKER AND TBG IN THE HOLE.

1. The Wiser Oil Company wishes to load and test the packer and casing annulus to 500# for 30 minutes to Temporarily Abandoned the well until the Queen gas which is up the hole from the Greyburg completion can be evaluated..

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

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

SIGNED *JM Jones* TITLE Superintendent DATE October 29, 2003

(This space for Federal or State office use)

APPROVED BY *JOE G. LARA* TITLE *Commissioner* DATE *12/23/03*  
CONDITIONS OF APPROVAL, IF ANY:

\*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.

*GWW*

