

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division

1625 N. French Dr.  
Hobbs, NM 88240

SUBMIT IN TRIPLICATE  
(For 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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> WIW		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 Grayburg Unit	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FSL & 1980' FEL Unit J		8. WELL NAME AND NO. 20	
		9. API WELL NO. 30-025-00455	
		10. FIELD AND POOL, OR WILDCAT Maljamar Grayburg San Andres	
		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.) 4159' 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 type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input 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 checked="" type="checkbox"/>
(Other) <u>Plug and Abandon</u>	
(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.)

01/29/04 MIRU Mayo Marrs Casing Pulling Inc. NU BOP. RIH & tag CIBP @ 3400'. Circulate 10# mud. Spot 25 sks. cement @ 3400'-3160'. No tag per Steve Caffey with BLM. Spot 25 sks. @ 2391'-2125'.  
01/30/04 Tag @ 2125'. Circulate 10# mud. Spot 25 sks. with 2 1/2% CaCl @ 1164'. POH & WOC. Tag @ 929'. Witnessed by BLM Steve Caffey with BLM. Test casing to 1000#. RIH & perforate @ 358'.  
Set pkr. @ surface. Test casing to 1000#. Call BLM. Spot 45 sks. @ 409' - 9'. Close in well with 200# PSI per BLM.  
02/02/04 Tag @ 9'. Spot 2 sks. @ 9' to surface. RD. Cut off WH & anchors. Level pit & cellar. Install dry hole marker. MO. Well is plug & abandon.

Approved as to plugging of the well  
Liability under bond is retained until  
surface restoration is completed.



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

SIGNED Mary Jo Turvey TITLE Production Tech DATE February 16, 2004

(This space for Federal or State office use)

APPROVED BY (OFFIC. SGD.) DAVID R. GLASS  
CONDITIONS OF APPROVAL IF ANY  
FEB 24 2004

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

\*See Instruction On Reverse Side

DAVID R. GLASS  
SUPERVISOR  
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