

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division
SUBMIT IN TRIPPLICATE
(Other Instructions on reverse side)
1025 N. French Dr.
Hobbs, NM 88240
Budget Division 1004-0135
Expires August 31, 1985

FIELD IDENTIFICATION AND SERIAL NO.
LC-059576

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 WIW | | 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. 11 | |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FSL & 2080' FWL Unit N | | 9. API WELL NO. 30-025-00446 | |
| | | 10. FIELD AND POOL, OR WILDCAT Maljamar Grayburg San Andres | |
| | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 3-T17S-R32E | |
| 14. PERMIT NO | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4213' DF | 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) <input type="checkbox"/> | |

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) <u>Clean out</u> <input checked="" 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 and true vertical depths for all markers and zones pertinent to this work.)

2/12/01 MIRU Halliburton coil tubing unit. RIH w/1-1/4" blast nozzle to 3808'. Tag fill. Clean out to 4289'. Circulate clean. Spot 55 gals. scale converter w/55 gals. fresh water. Left SI overnight. RD coil unit.

2/13/01 Placed back on injection - 200 BWPD @ 2500#.

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

SIGNED Mary Jo Toney TITLE Production Tech II DATE October 18, 2001

(This space for Federal or State office use)

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

*See Instruction On Reverse Side

GWW