

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

1000-1000-1000
SUBMIT IN TRIPLIC.
(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 ☐ GAS WELL ☐ OTHER ☐ WIW

2. NAME OF OPERATOR
The Wiser Oil Company

3. ADDRESS OF OPERATOR
P.O. Box 2568 Hobbs, New Mexico 88241

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
'See also' space 17 below.)
At surface
660' FSL & 660' FWL
Unit M

5. LEASE DESIGNATION AND SERIAL NO.
LC-059576

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
Maljamar Grayburg Unit

8. WELL NAME AND NO.
10

9. API WELL NO.
30-025-00449

10. FIELD AND POGL, 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.)
4168'

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 ☐ PULL OR ALTER CASING ☐
FRACTURE TREAT ☐ MULTIPLE COMPLETE ☐
SHOOT OR ACIDIZE ☐ ABANDON* ☐
REPAIR WELL ☐ CHANGE PLANS ☐

(Other) Temporary Abandon

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐ REPAIRING WELL ☐
FRACTURE TREATMENT ☐ ALTERING CASING ☐
SHOOTING OR ACIDIZING ☐ ABANDONMENT * ☐
(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.)

Wiser requests approval to Temporary Abandon the well by the procedure listed below.

Perforations: 3920' - 4144' 5-1/2" 14# casing set @ 4255' 8-5/8" casing set @ 366'

1. POH w/5-1/2" perma latch pkr @ 3848'. TIH & set CIBP @ 3850'.
2. Pressure test plug & csg. to 500#.
3. If holds circulate pkr, fluid.
4. POH w/tbg.
5. Pressure test csg. to 500# with a pressure recorder. 30 min.
6. Shut well in.

BLM @ 505.393.3612

*Note: Call QED before beginning work.

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

SIGNED A. M. Jones TITLE Superintendent DATE November 19, 2002

(This space for Federal or State office use)

APPROVED BY (ONIG, SGD.) JOE G. LARA TITLE Deputy Engineer DATE 11/19/03
CONDITIONS OF APPROVAL, IF ANY:

GWW

*See Instruction On Reverse Side

2007-09-02

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