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

## UNITEL STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

N.M. O'Cons. Division

SUBMIT IN 1825 A. . Fremen et Dareau No. 1004-0135 (Other Instructions on reversion DOS, NM 88240

| 20112710   | OL BUILD MINIANGEMIEM  | ,   | 5. LEASE DESIGNATION AND SE<br>NM-016799   | ERIAL NO.                   |
|--|--|---|--|-----------------------------|
| SUNDRY NOTICES AND REPORTS ON WELLS  |  |   | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME   |                             |
| (Do not use this form for pro Use "APPLIC  | posals to drill or to deepen or plug back to<br>CATION FOR PERMIT - " for such propo   | a different reservoir   | , and any about the or the   | DE NAME                     |
|  |  |   | 7. UNIT AGREEMENT NAME   |                             |
| WELL WIW   |  |   | Maljamar Grayburg Unit   |                             |
| 2. NAME OF OPERATOR  |  |   | 8. WELL NAME AND NO.   |                             |
| The Wiser Oil Company  3. ADDRESS OF OPERATOR  |  |   | 5  |                             |
|  |  |   | 9. API WELL NO.  |                             |
| P.O. Box 2568 Hobbs, New Mexico 88241  4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*  |  |   | 30-025-00450   |                             |
| See also space 17 below.)  |  |   | 10. FIELD AND POOL, OR WILDCAT   |                             |
| At surface   |  |   | Maljamar Grayburg San Andres   |                             |
| 1988' FNL & 660' FEL   |  |   | 11. SEC., T., R., M., OR BLK. AND<br>SURVEY OR AREA                                |                             |
| Unit H   |  |   | Sec. 3-T17S-R32E   |                             |
| 14. PERMIT NO 15 FI EVATIONS (Show that the DE DT CD   |  |   | <u></u>  |                             |
| 14. FERMIT NO  | 15. ELEVATIONS (Show whether DF, 1<br>4272' DF   | RT, GR, etc.)   | 12. COUNTY OR PARISH   | 13. STATE                   |
| 16. Check A  |  | CNI (' D  | Lea County   | NM                          |
| CHCK F   | appropriate Box to indicate Natur  | e of Notice, Report, or Othe  | r Data   |                             |
| NOTICE OF INTENTION TO:  |  |   | SSEQUENT REPORT OF:  |                             |
| TEST WATER SHUT OFF  | PULL OR ALTER CASING   | WATER SHUT-OFF  | REPAIRING WELL   |                             |
| FRACTURE TREAT   | MULTIPLE COMPLETE  | FRACTURE TREATMENT  | ALTERING CASING  |                             |
| SHOOT OR ACIDIZE   | ABANDON*   | SHOOTING OR ACIDIZING   | ABANDONMENT *  |                             |
| REPAIR WELL  | CHANGE PLANS   | (Other) <u>Acidize Graybu</u>   | rσ   |                             |
| (Note: Report res  |  |   | multiple completion on Well  | <del></del> -               |
| (Other)  Completion or Recom  17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS: (Clearly state all pertinent details, and give pertinent dates  |  |   | dotion Domant and Last.  |                             |
| proposed work. If well is directionally d  | rilled, give subsurface locations and measu  | nent details, and give pertinent dates, ared and true vertical depths for all m | including estimated date of starting any arkers and zones pertinent to this work.) | •                           |
| 12/05/01 MIRU Hughes Well Service. Acidiz<br>ISIP 3100#. 5 min. 3000#. 10 min<br>@ 1500#.  | zed Grayburg 4091'-4363' w/1500 gals. 1:<br>. 2950#. 15 min. 2900#. Shut well in for : | 5% NE-FE acid w/200# rock salt @<br>3 hrs. Back flow to vac. truck 130 b        | 3200# 1.0 bpm. Flush w/37 bbls. produ<br>bls. water. Placed well back on injection | iced water.<br>n - 100 BWPD |
|  |  |   |  |                             |
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|  |  |   |  |                             |
|  |  |   |  |                             |
| 18. I hereby certify that the foregoing is true and  | correct.   | <del></del>   |  |                             |
| SIGNED Many Jo THERE   | TITLE D. L.C. C. A.  | **  |  |                             |
| THE TOTAL TO THE TOTAL T | TITLE Production Lech  | II  | DATE January 18, 2002  |                             |
| (This space for Adde to State office Wex)  |  |   |  |                             |
| conditions of Ingsop, DAVIII   |  |   | DATE   | <del></del>                 |
|  | *See Instruction   | On Reverse Side   |  |                             |

Title 18 U.S.C. Section 1000 makes if 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.

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