Form 3160-5
July 1989)
(Formerly 9-331)

UNITED S .TES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING OFFICE FOR NUMBER OF COPIES REQUIRED (Other instructions on reverse side)

NM Roswell District
Modified Form No.
NM060-3160-4

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.)

5. LEASE DESIGNATION AND SERIAL NO.: LC 059152 B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

N.M. OIL CONS. COMMISSION
P.O. BOX 1980
HOBBS, NEW MEXICO 88240

7. UNIT AGREEMENT NAME:

1. OIL WELL ☐ GAS WELL ☐ OTHER: WIW

2. NAME OF OPERATOR: The Wiser Oil Company

3a. Area Code & Phone No.: 505/748-3352

8. FARM OR LEASE NAME: Johns "B" DE

3. ADDRESS OF OPERATOR: PO Box 1412, Artesia, NM 88211-1412

9. WELL NO.: 5

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: 1980' FNL & 660' FEL

Sec. 24, T 17S, R 32E

10. FIELD AND POOL, OR WILDCAT: Maljamar Grayburg San Andres

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

14. PERMIT NO.: 30-025-00662

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 4080' GR

12. COUNTY OR PARISH: Lea

13. STATE: NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT 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) Pressure Test Csg			XX
(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.)*

12/01/93 - Casing Integrity Test
Pressure to 320 psi for 16 min. No pressure loss.

ACCEPTED
JAN 14 1994
CARLSBAD, NEW MEXICO

DEC 23 93

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

SIGNED Perry L. Hughes TITLE Agent DATE 12/20/93

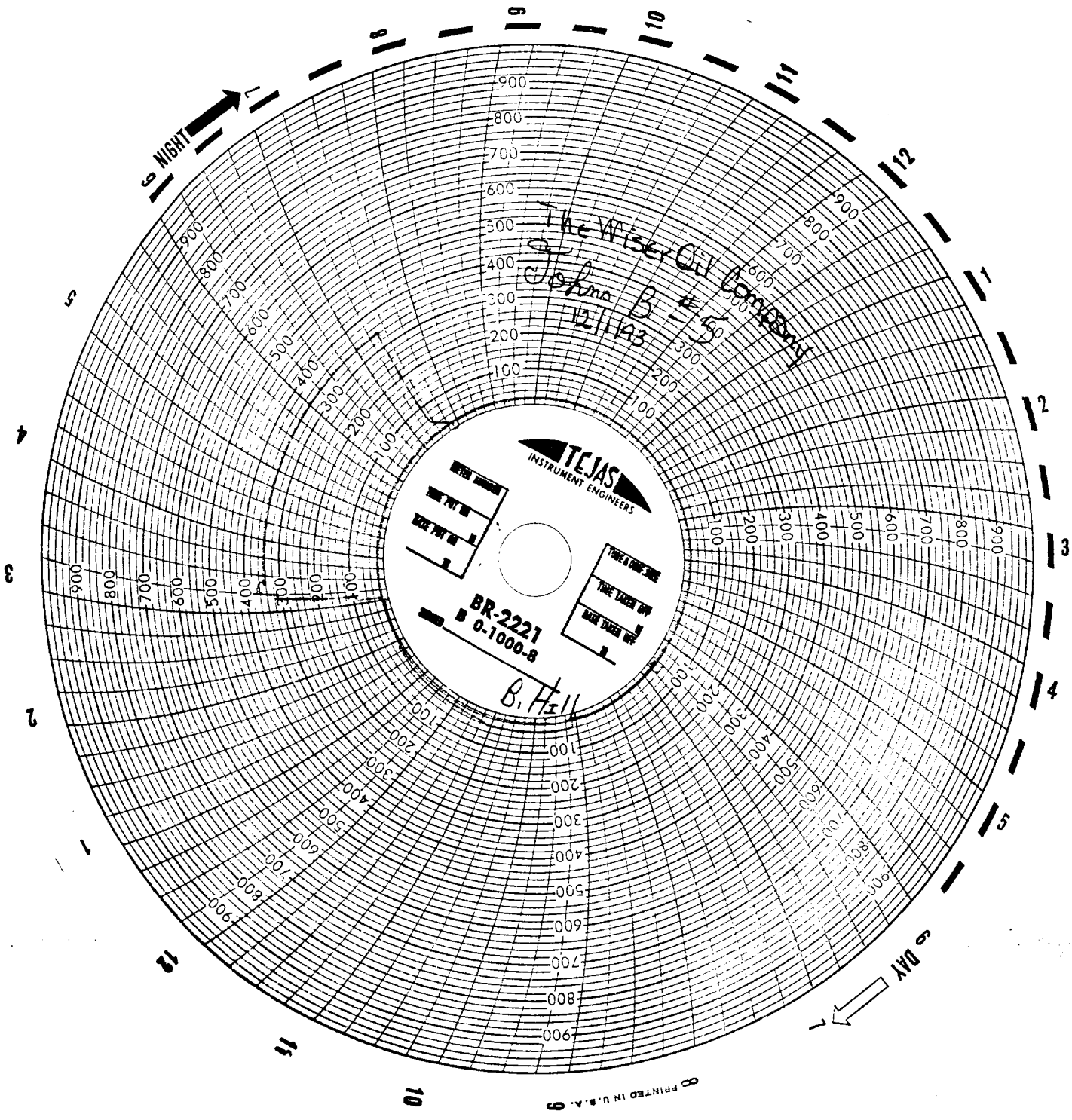
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions 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.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