

Form 1160-5
Jan 1989)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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N.M. Rowell District
Modified Form No.
NMXO-3160-4

3. LEASE DESIGNATION AND SERIAL NO.
LC 059152 B

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.)

~~NEW CARLSBAD~~
N.M. OIL CONS. COMMISSION
P.O. BOX 1980
HOBBES, NEW MEXICO 88240

OIL WELL ☒ GAS WELL ☐ OTHER ☐

1. NAME OF OPERATOR

The Wiser Oil Company

2. AREA CODE & PHONE NO.

505/748-3352

3. FARM OR LEASE NAME

Johns "B" DE

4. ADDRESS OF OPERATOR

PO Box 1412, Artesia, NM 88211-1412

5. WELL NO.

9

6. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

1980' FNL & 1980' FEL, Unit G

10. FIELD AND POOL, OR WILDCAT

Maljamar Grayburg San Andres

11. SEC., T., R., M., OR S.E. AND
SURVEY OR AREA

Sec. 24-17S-32E

14. PERMIT NO.

API #30-025-00666

15. ELEVATIONS (Show whether OF, RT, OR, etc.)

4082' 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:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other) Convert to WIW

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

XXX

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)

We plan to convert this well to water injection. Will submit Sundries detailing plans as soon as the condition of the wellbore is determined.

RECEIVED
DEC 7 10 17 AM '93
OIL
AND
GAS

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

SIGNED

David R. Glass

TITLE

Agent

DATE

12/6/93

(This space for Federal or State office use)

(ORIG. SGD.) DAVID R. GLASS

TITLE

PETROLEUM ENGINEER

DATE

DEC 28 1993

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, or to omit material within the jurisdiction of the agency.

Form 1600-5
July 1989)
Form only 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTAINS REPRODUCING
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(Other instructions on
reverse side)

BLM Rowell District
Modified Form No.
BLMGO-1160-4

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.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐

NAME OF OPERATOR

The Wiser Oil Company

Dr. Area Code & Phone No.

505/748-3352

ADDRESS OF OPERATOR

PO Box 1412, Artesia, NM 88211-1412

LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

1980' FNL & 1980' FEL, Unit G

4. PERMIT NO.

API #30-025-00666

15. ELEVATIONS (Show whether OF, RT, GR, etc.)

4082' GR

5. LEASE DESIGNATION AND SERIAL NO.

LC059152B

6. IF INDIAN, ALLOTTEE, OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Johns B DE

9. WELL NO.

9

10. FIELD AND POOL, OR WILDCAT

Maljamar Grayburg San Andres

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

Sec. 24-17S-32E

12. COUNTY OR PARISH

Lea

13. STATE

NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other) Convert to WIW

WELL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANN

XX

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

7. 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 some perti-
nent to this work.)

We plan to convert this well to water injection.

RECEIVED
NOV 22 9 23 AM '93
CAR
AREA

I hereby certify that the foregoing is true and correct

SIGNED

TITLE

Agent

DATE

11/19/93

(This space for Federal or State office use)

APPROVED BY (ORIG. SGD.) DAVID R. GLASS

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

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