

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(One copy to be submitted to the
reverse side.)

Budget Bureau No. 1004-0135
Expires August 31, 1985

NM Oil Cons. Division

1625 N. French Dr.
Hobbs, NM 88240

LEASE DESIGNATION AND SERIAL NO.

030437-A

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME Caprock Maljamar Unit	
2. NAME OF OPERATOR The Wiser Oil Company		8. WELL NAME AND NO. 73	
3. ADDRESS OF OPERATOR P.O. Box 2568 Hobbs, New Mexico 88240		9. API NO. 30-025-00670	
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		10. FIELD AND POOL, OR WILDCAT Maljamar Grayburg San Andres	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 24-T17S-R32E	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4035' 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)

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) Conversion to Oil Well

(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.)

10/18/01 MIRU Key Well Service. NU BOP. POH w/2-3/8" IPC tbg. & pkr. RIH w/6-1/4" bit, bit sub, DC's & 2-7/8" tbg. work string. Tag @ 4306'. POH to 3699'.
10/19/01 RU Davis tool. Drill out f/4306'-4360'. POH w/2-7/8" tbg., DC's & bit. RD Davis Tool. RU Baker Atlas WL & log Neutron & Caliper log f/4360'-3770'.
10/22/01 RIH w/7" AD-1 pkr., SN & 2-7/8" tbg. Set pkr. @ 3672'. FL @ 1500'.
10/23/01 FL 2000'. Drop standing valve. Pressure test tbg. Tbg. would not hold. POH w/2-7/8" tbg. & AD-1 pkr. RU Hydrostatic Testers. Test 2-7/8" tbg. RD testers.
10/24/01 RIH w/BJ inflatable pkr. on 2-7/8" tbg. to 4255'. RU Hughes Service. Pump 15 bbls. water. Drop ball to set pkr. Acidize Grayburg w/2500 gals. 15% NE-FE acid w/500# block. Flush w/30 bbls. water
ISIP 1900#. 5 min. 590#. 10 min. 410#. 15 min. 350#. Best block 4000#. Best break 2600#. RD Hughes. SI for 30 min. Blew down well. POH w/2-7/8" tbg. & pkr. RIH w/2-7/8"
tbg. Tbg. @ 4348'.
10/25/01 SN @ 4312'. TAC @ 3584'. RIH w/rods & 2-1/2" x 1-3/4" x 20' pump. Left well pumping to Battery "B".

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

SIGNED Mary Jo Turner TITLE Production Tech II DATE November 30, 2001

(This space for Federal or State office use)

APPROVED BY DAVID R. GLASS TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

JAN 22 2002

*See Instruction 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.