

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMITTING OFFICIAL'S SIGNATURE
N.M. Oil Cons. Division
1625 N. French Dr.
Hobbs, NM 88240
Bureau No. 1004-0135
Expires August 31, 1985

WELL DESIGNATION AND SERIAL NO.
EC-059576

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> WIW		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR The Wiser Oil Company		7. UNIT AGREEMENT NAME Maljamar Grayburg Unit	
3. ADDRESS OF OPERATOR P.O. Box 2568 Hobbs, New Mexico 88240 (505) 392-9797		8. WELL NO. 6	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FSL & 660' FEL Unit I		9. API Well No. 30-025-20264	
		10. FIELD AND POOL, 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.) 4279' GR	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) <input type="checkbox"/>	

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) Remedial <input type="checkbox"/>	
(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.)

4/26/00 MIRU Tyler Well Service. ND WH. RIH w/2-3/8" tbg. & sinker bar to 3995'. No obstruction. POH w/sinker bar. Unset pkr. POH w/2-3/8" IPC tbg. LD AD-1 pkr. RIH w/3-1/8" csg. scraper & 2-3/8" IPC tbg. Tagged @ 4100'. POH w/2-3/8" IPC tbg. LD csg. scraper. RIH w/2-3/8" notched collar on 2-3/8" IPC tbg. to 4000'.

4/27/00 RIH & tagged fill @ 4100'. RU Baker swivel & kill truck. Cleaned out to 4365'. Circulated hole clean. POH w/2-3/8" IPC tbg. LD 2-3/8" notched collar. RD BOP. RIH w/AD-1 pkr. & 2-3/8" IPC tbg. to 3995'. Circulated 65 bbls. pkr. fluid. Set pkr. w/12,000# tension.

4/28/00 Ran casing integrity test to 500 psi for 30 minutes. No pressure loss. (Chart OCD). RU injection line.
Injecting 150 BWPD @ 1000#. RDMO.

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

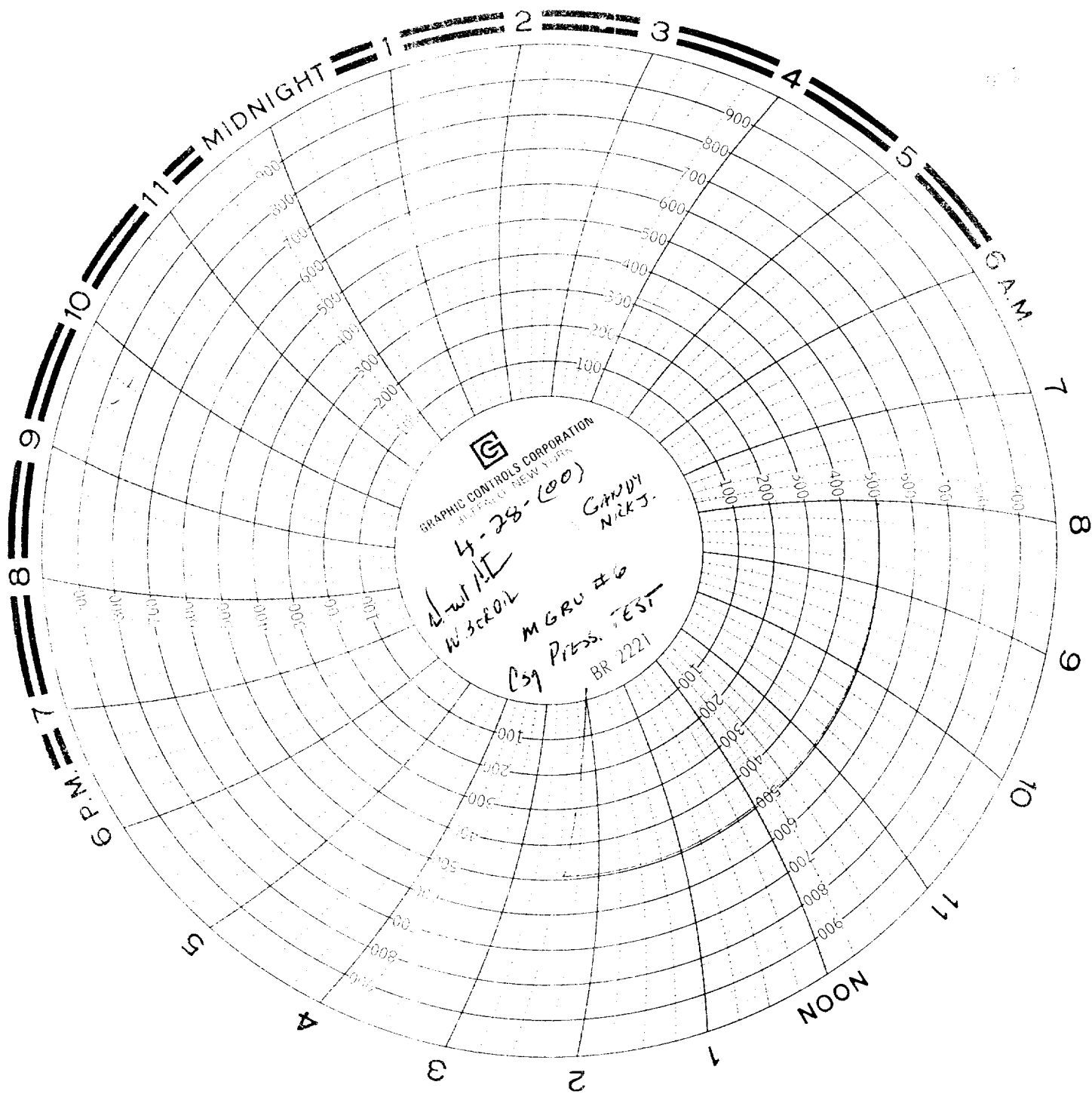
SIGNED Mary Jo Turner TITLE Production Tech II DATE October 17, 2001
APPROVED BY DAVID R. GLASS TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: _____

*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

GWW

RECEIVED
2001 OCT 19 AM 10:29
BUREAU OF LAND MANAGEMENT
HOSPITAL OFFICE



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HONOLULU OFFICE

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