

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OFFICE FILE NUMBER
OF COPIES REQUIRED
(Other instructions on
reverse side)

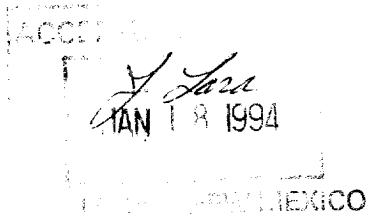
TMH Rowell District
Modified Form No.
NMXO-3160-4

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.)

1. OIL WELL ☐ GAS WELL ☐ OTHER ☐ WIW		2. NAME OF OPERATOR The Wiser Oil Company		3. ADDRESS OF OPERATOR PO Box 1412, Artesia, NM 88211-1412		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		5. LEASE DESIGNATION AND SERIAL NO. LC 059576		6. IF INDIAN, ALLOTTEE OR TRIBE NAME N.M. OIL CONS. COMMISSION P.O. BOX 1980		7. HOBBS, NEW MEXICO 88240 Maljamar Grayburg Unit		8. FARM OR LEASE NAME		9. WELL NO. 6		10. FIELD AND POOL, OR WILDCAT Maljamar Grayburg San Andres		11. SEC., T., R., M., OR S.E. AND SURVEY OR AREA Sec. 3-T17S-R32E		12. COUNTY OR PARISH Lea		13. STATE NM	
14. PERMIT NO. 30-025-20264				15. ELEVATIONS (Show whether OF, AT, OR, etc.) 4279' GR				16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data				17. DESCRIBE PROMPTLY 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.)													
NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:																					
TEST WATER SHUT-OFF ☐				WATER SHUT-OFF ☐				REPAIRING WELL ☐																	
FRACTURE TREAT ☐				FRACTURE TREATMENT ☐				ALTERING CASING ☐																	
ABANDON OR ACIDIZE ☐				ABANDONING OR ACIDIZING ☐				ABANDONMENT* ☒																	
REPAIR WELL ☐				(Other) Pressure Test Csg				(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)																	
(Other)																									

11/29/93 - Casing Integrity Test
Pressure 380 psi for 19 min. No pressure loss.



Dec 21 10 40 AM '93

RECEIVED

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

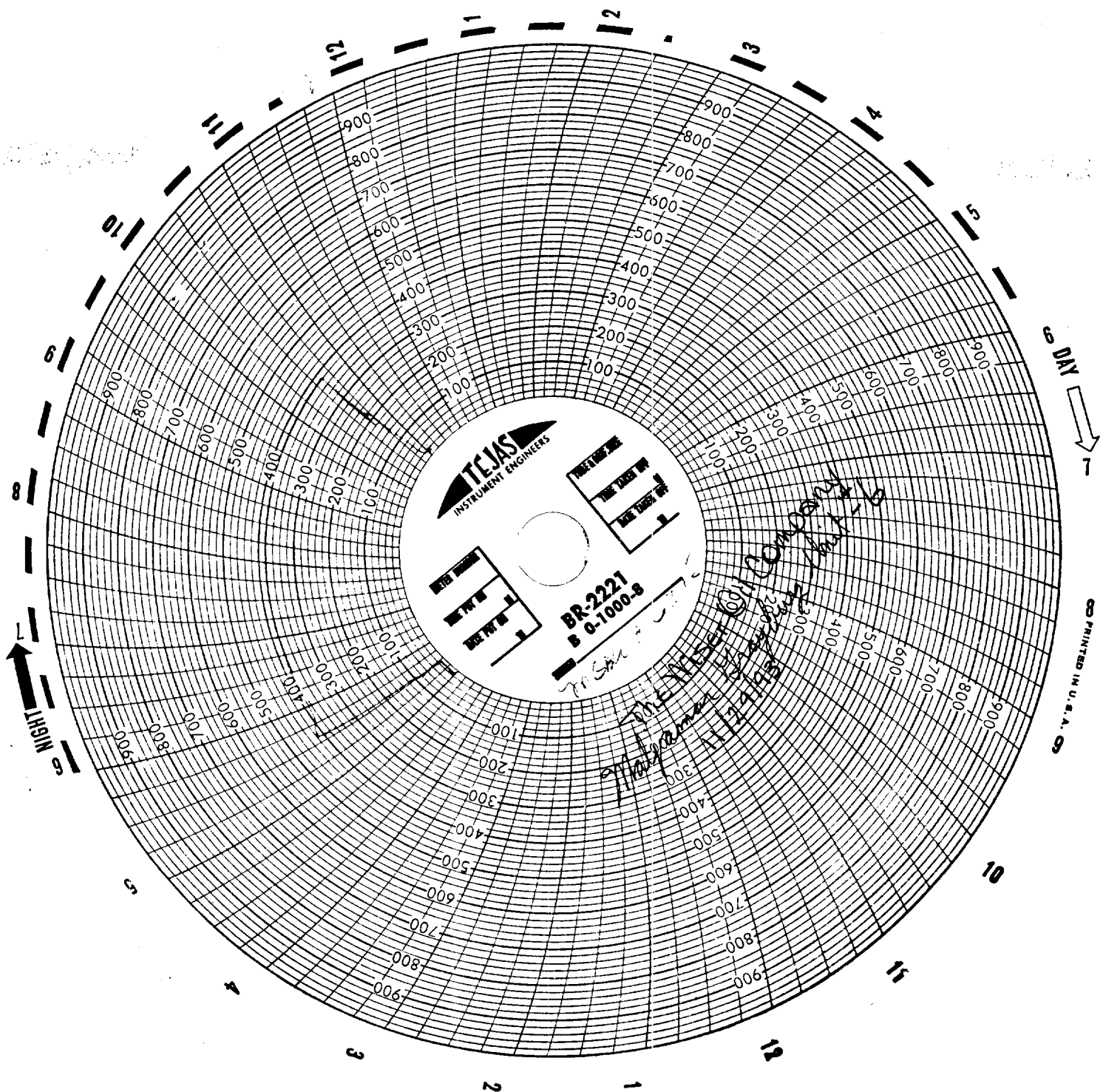
SIGNED Randy L. Hughes TITLE Agent DATE 12/20/93

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side



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