

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE *
(Other Instructions on
reverse side)

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

N.M. Oil Cons. Division

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug an oil or gas well.
Use "APPLICATION FOR PERMIT - " for such proposals.)

1575 N. Wellsch Dr.
Hobbs, NM 88240

5. LEASE DESIGNATION AND SERIAL NO. LC-064150
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME Maljamar Grayburg Unit
8. WELL NAME AND NO. 59
9. API WELL NO. 30-025-20760
10. FIELD AND POOL, OR WILDCAT Maljamar Grayburg San Andres
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 10-T17S-R32E
12. COUNTY OR PARISH Lea County
13. STATE NM

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> Water Injection
2. NAME OF OPERATOR The Wiser Oil Company
3. ADDRESS OF OPERATOR P.O. Box 2568 Hobbs, New Mexico 88241
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FSL & 1980' FWL Unit K
14. PERMIT NO
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4123' GR

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) Temporary Abandon	

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) <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.)

Wiser Oil requests approval to temporarily abandon the well by the procedure listed below.

1. Notify OCD 24 hrs. prior to moving in unit.
2. MIRU unit. Release Baker J-lok pkr. & POH w/pkr.
3. GIH w/CIBP & set @ 3800'. Dump bail 10 sks. cmt. on CIBP.
4. TIH w/tbg. & circulate fresh water.
5. Load backside & test csg. to 500#.
6. Circulate pkr. fluid if holds. POH w/tbg. laying down tbg.
7. Pressure test to 500# w/chart. RDMO.

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

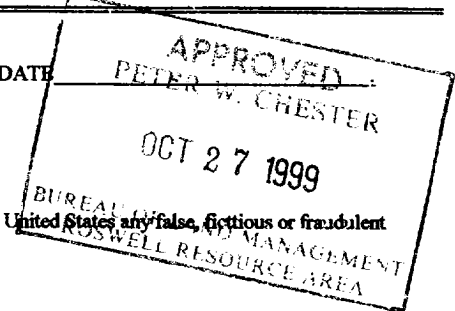
SIGNED Mary Jo Turner TITLE Completion Department DATE October 7, 1999

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: SUBJECT TO LIKE
APPROVAL BY STATE

*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.



JC GWW