

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

1625 N. French Dr.  
Hobbs, NM 88240

LEASE DESIGNATION AND SERIAL NO.

LOTTEE OR TRIBE NAME

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		7. UNIT AGREEMENT NAME Maljamar Grayburg Unit	
2. NAME OF OPERATOR The Wiser Oil Company		8. API No. 30-025-20764	
3. ADDRESS OF OPERATOR P.O. Box 2568 Hobbs, New Mexico 88241		9. WELL NO. 63	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FSL & 1980' FEL		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	
14. PERMIT NO	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4105' GL	12. COUNTY OR PARISH Lea County	13. STATE N.M.

16. Check Appropriate Box to indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

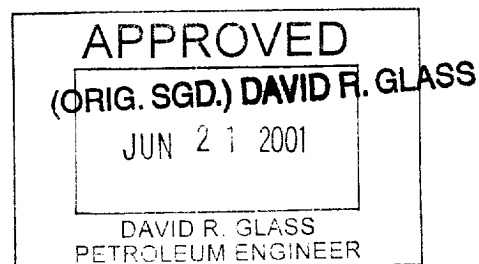
TEST WATER SHUT OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <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) <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.)

1. MIRU WL & tag top of cement in 5-1/2" casing. (See attachment)
2. Fill 5-1/2" casing with cement and install dry hole marker.
3. Clean location.



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

SIGNED

TITLE Superintendent

DATE June 5, 2001

(This space for Federal or State office use)

APPROVED BY *L.M. Jones*  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

ORIGINAL SIGNED BY

DATE

GARY WINK  
FIELD

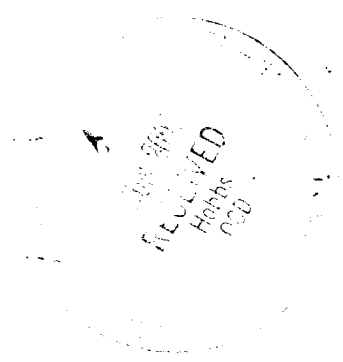
\*See Instruction On Reverse Side

SEE ATTACHED FOR  
CONDITIONS OF APPROVAL

**RECEIVED**

**JUN 15 01**

BLM  
ROSWELL, NM



UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

Form Approved.  
Budget Bureau No. 42-R1424

**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 Form 9-331-C for such proposals.)

1. oil ☒ gas ☐ other ☐  
well well

2. NAME OF OPERATOR

Chevron U. S. A., Inc.

3. ADDRESS OF OPERATOR

P. O. Box 1660 Midland, Texas 79702

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: Unit 0, 660' FSL & 1980' FEL

AT TOP PROD. INTERVAL: 3846'

AT TOTAL DEPTH: 4100'

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☐  
PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
CHANGE ZONES ☐  
ABANDON\* ☐  
(other) TA

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5. LEASE

Maljamar Grayburg Unit LC 059576

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Maljamar Grayburg Unit

8. FARM OR LEASE NAME

Maljamar Grayburg Unit

9. WELL NO.

63

10. FIELD OR WILDCAT NAME

Maljamar (Grayburg-San Andres)

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

Sec. 10, T-17-S, R-32-E

12. COUNTY OR PARISH

Lea

13. STATE

New Mexico

14. API NO.

NA

15. ELEVATIONS (SHOW DF, KDB, AND WD)

KB 4115' GL 4105'

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)\*

POOH w/rods & pump & tbg. laying down. (Left 4 1/2 jts, sn, & mud anchor in hole)  
RIH w/pkr. & set @ 3805'. Load backside. Test csg. to 500#. Held ok.  
POOH w/pkr. RIH w/CIBP & set @ 3795'. RIH w/dump bailer & dump 20' cmt. on top.  
NUWH.

Work commenced on 12-13-83 & was completed on 12-15-83.

Prior to work, well had been temporarily abandoned w/tbg. & rods left in hole.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED

*[Signature]*

TITLE LOG ASST

DATE 1-5-84

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL IF ANY:

