

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Co., Inc. Division
SUBMIT IN TRIPLICATE (One copy to be submitted to reverse side)
1025 N. French Dr.
Hobbs, NM 88240
Budget Bureau No. 1004-0135
Expires August 31, 1985

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.)		DESIGNATION AND SERIAL NO. LC 059576	
1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		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 88241		8. WELL NAME AND NO. 95	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 15' FNL & 2478' FEL Unit B		9. API WELL NO. 30-025-32039	
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.) 4196' 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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT * <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Re-perforate & acidize</u>	
(Other)		(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.)

10/11/00 MIRU Tyler Well Service. POH w/rods & pump. ND WH. RUBOP. POH w/2-3/8" tbg. LD TAC & BHA. RU Computalog & perforated Grayburg 3961', 68', 75', 93', 99', 4000', 01', 02', 12', 23', 42', 50', 51', 53', 75', 88', 89', 90', 97', 4107', 15', 20' and Vacuum @ 4171', 75', 85', 86' & 94' w/4 SPF. RD WL. RIH w/5-1/2" RBP & pkr. assembly on 2-3/8" tbg. to 4000'. Could not work through. POH w/2-3/8" tbg. LD tools. RIH w/4-3/4" bit & scraper on 2-3/8" tbg. Worked through tight spot @ 4000'. POH w/2-3/8" tbg. LD tools. RIH w/5-1/2" RBP & pkr. assembly on 2-3/8" tbg. Set RBP @ 4210'. Hughes pickled tbg. w/200 gals. 15% HCL acid. Spotted 300 gals. Toluene. Set pkr. @ 3888'.

10/12/00 Set pkr. @ 4141'. Hughes acidized Vacuum 4171'-4194' w/1500 gals. 15% HCL NE-FE acid w/2500# rock salt. Well communicated to Grayburg formation. ATP 2600# @ 3.8 bpm. MTP 4000# @ 4 bpm. ISIP 530#. 5 min. 570#. 10 min. 600#. 15 min. 630#. Flushed w/20 bbls. Moved RBP to 4141'. Pkr. @ 3888'. Acidized Grayburg 3961'-4120' w/3000 gals. 15% HCL NE-FE acid w/2500# rock salt. Best block 1000#. Best break 700#. ATP 2600# @ 3.8 bpm. MTP 4000# @ 4 bpm. ISIP 3000#. 5 min. 2610#. 10 min. 2510#. 15 min. 24. Flushed w/20 bbls. 1 hr. SI 1850#. Well would not blow down. Left flowing to flowline overnight.

10/13/00 Blew well down & killed w/fresh water. Pickled RBP. POH w/2-3/8" tbg. LD tools. RIH w/rods & 2-3/8" tbg. Tbg. @ 4343.95'. SN @ 4305.85'. TAC @ 3890.81'. RD BOP. NU WH. RIH w/rods & 2" x 1-1/2" x 16' pump. Left well pumping to Battery. RDMO.

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

SIGNED Mary Jo Turner TITLE Production Tech II DATE June 27, 2001

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instruction On Reverse Side

RECEIVED
2001 OCT 11 AM 9:47
BUREAU OF LAND MGMT
ROSWELL OFFICE