

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division
1025 N. French Dr.
Hobbs, NM 88240
Budget Bureau No. 1004-0135
Approved August 31, 1985
SUBMIT IN TRIPLICATE
(Other Instructions on reverse side)

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.)		5. LEASE 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. 93	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1290' FSL & 1328' FEL Unit O		9. API WELL NO. 30-025-32068	
14. PERMIT NO		10. FIELD AND POOL, OR WILDCAT Maljamar Grayburg San Andres	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4228' GR		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 3-T17S-R32E	
		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)	

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 checked="" type="checkbox"/>
(Other) <u>Acidize</u>	
(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.)

1/24/97 MIRU Lucky Well Service. POH w/rods & pump. Tag bottom @ 4405'. Pull tbg. to 4385'. RU HES acidize w/1000 gals. 15% NE-FE HCL acid & spot out tbg. w/16 bbls. fresh water. Flushed annulus w/40 bbls. fresh water - 630# @ 2.4 bpm. ATP 2800# @ 6.5 bpm. MTP 2880# @ 7.9 bpm. ISIP 15#. 5 min. vac. RD HES. RU swab. FL 1100'-2100'. RD swab RIH w/rods & 2" x 1-1/2" x 16' RHTC pump. Pump set @ 4404'. Left well pumping to Battery.

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

SIGNED Mary Jo Tunney TITLE Production Tech II DATE October 19, 2001

(This space for Federal or State office use)

APPROVED BY DAVID R. GLASS TITLE ENGINEER DATE NOV 15 2001

DAVID R. GLASS

*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.