

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

WELL DISTRICT
Modified Form No.
NIXG-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		7. UNIT AGREEMENT NAME MALJAMAR GRAYBURG UNIT	
2. NAME OF OPERATOR THE WISER OIL COMPANY		8. FARM OR LEASE NAME	
3. ADDRESS OF OPERATOR PO BOX 1412, ARTESIA NM 88211-1412		9. WELL NO. 150	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2140' FSL & 1674' FEL, Unit J		10. FIELD AND POOL, OR WILDCAT MALJAMAR GRAYBURG SAN ANDRES	
14. PERMIT NO. API #30-025-32087		11. SEC., T., R., M., OR BLK. AND SUBDIVISION OR AREA 3-T17S-R32E	
15. ELEVATIONS (Show whether OF, RT, OR, etc.) 4278' GR		12. COUNTY OR PARISH LEA	
		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 ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
ABANDON OR ACIDIZE ☐	ABANDON* ☐	ABANDONING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) <u>Test Casing</u>	<u>XX</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.)

11/29/93 - Casing Integrity Test
Pressure to 380 psi for 15 min. No pressure loss.

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

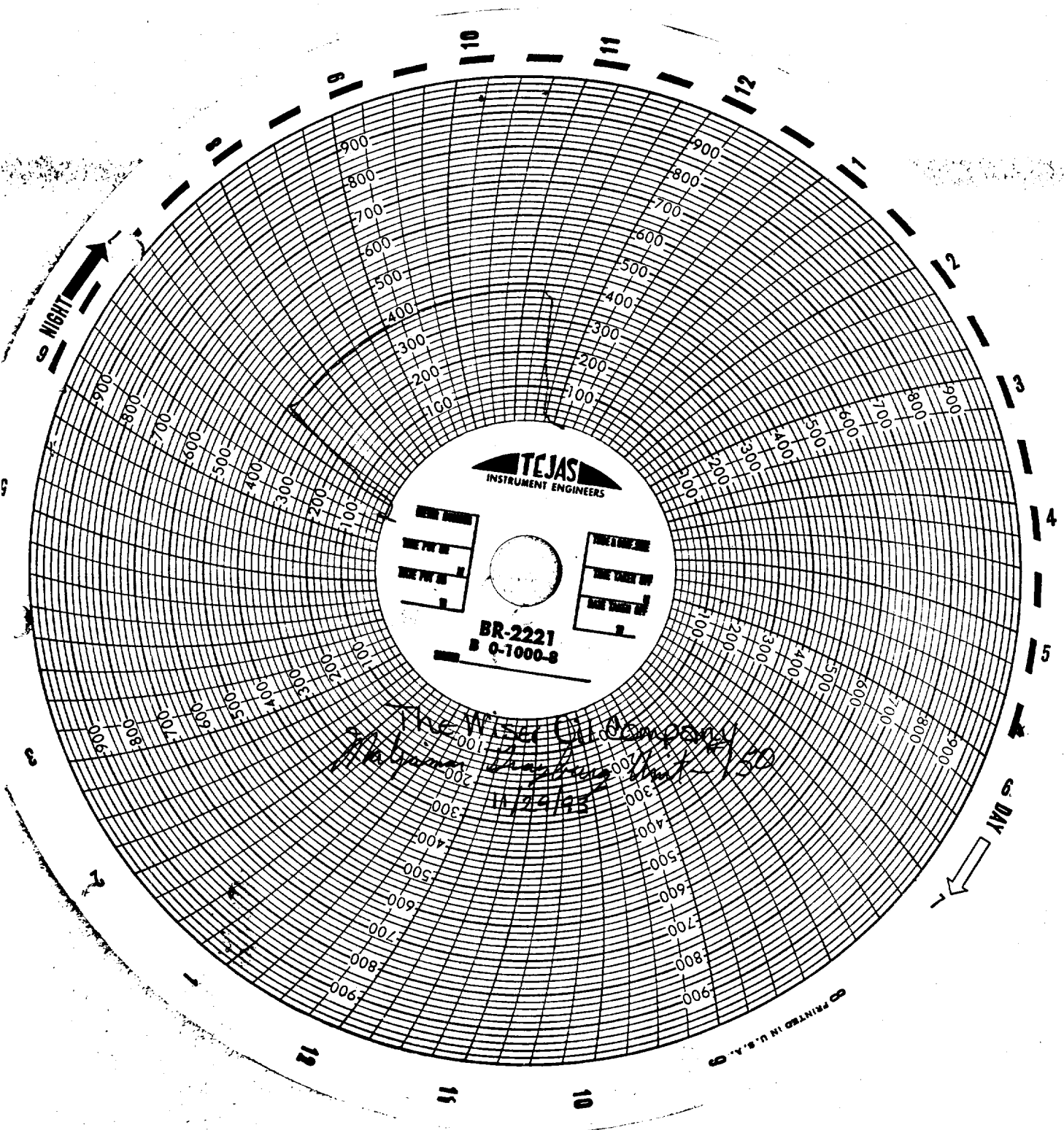
SIGNED Perry E. Hughes TITLE AGENT DATE 12/20/93

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: _____

*See Instructions on Reverse Side



The Wise Oil Company
11/24/45

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