

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OFFICE FOR PARTIAL
OF COPIES REQUIRED
(Other instructions on
reverse side)

1971 HOWELL DISCLOSURE
Modified Form No.

NIXO-1160-4

6. LEASE DESIGNATION AND SERIAL NO.

LC-059576

N.M. OIL CONS. COMMISSION
P.O. BOX 1980
HOBBS, NEW MEXICO 88240

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.)

OIL WELL ☐ GAS WELL ☐ OTHER ☒ WIW

2. NAME OF OPERATOR

The Wiser Oil Company

3. AREA CODE & PHONE NO.

505/748-3352

3. ADDRESS OF OPERATOR

PO Box 1412, Artesia, NM 88211-1412

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

660' FNL & 2127' FEL, Unit B

7. UNIT AGREEMENT NO. 88240
Maljamar Grayburg Unit

8. FARM OR LEASE NAME

9. WELL NO.

151

10. FIELD AND POOL, OR WILDCAT

Maljamar Grayburg San Andre

11. SEC., T., R., M., OR S.E. AND
SURVEY OR AREA

10-17S-32E

14. PERMIT NO.

API #30-025-32253

15. ELEVATIONS (Show whether OF, RT, OR, etc.)

4195' GR

12. COUNTY OR PARISH

Lea

13. STATE

NM

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

ABOOT OR ACIDIZIN

REPAIR WELL

(Other)

DRILL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

ABOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

Test Casing

(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 perti-
nent to this work.)

11/09/93 - Casing Integrity Test

Pressure to 370 psi for 15 min - No drop in pressure

DEC 3 12 27 PM '93

9 1993

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

SIGNED

WFX-650
Perry E. Hughes

TITLE

Agent

DATE

12/2/93

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

