

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other Instructions on
reverse side)

N.M. Oil Cons. Division
1625 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.)		5. LEASE DESIGNATION AND SERIAL NO. NM-016799	
		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		7. UNIT AGREEMENT NAME Maljamar Grayburg	
2. NAME OF OPERATOR The Wiser Oil Company		8. WELL NAME AND NO. 85	
3. ADDRESS OF OPERATOR P.O. Box 2568 Hobbs, New Mexico 88241		9. API WELL NO. 30-025-33038	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2614' FNL & 1298' FEL Unit H		10. FIELD AND POOL, OR WILDCAT Maljamar Grayburg San Andres	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 4-T17S-R32E	
14. PERMIT NO	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4116' 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) Remedial work <input checked="" type="checkbox"/>	
(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.)

4/23/98 MIRU Pool Well Service. POH w/rods & pump. RU BOP.

4/24/98 POH w/2-7/8" tbg. & BHA. RIH w/5-1/2" bit, sub & csg. scraper on 2-7/8" tbg. Tag fill @ 4487'. POH w/2-7/8" tbg. & tool assembly. RIH w/2-7/8" tail pipe, R-4 pkr., SN & 2-7/8" tbg. Tbg. @ 4483'. RU Reef Chemical. Spot 418 gals. SSC-100 converter across perms. Flush w/26 bbls. fresh water. POH w/6 stands & 1 single. Set pkr.

4/27/98 Set pkr. @ 3855'. Reef acidized w/2000 gals. 15% HCL w/anti-sludge S-300 & 1500# rock salt. ATP 2900# @ 2.9 bpm. MTP 3040# @ 4 bpm. ISIP 2790#. 15 min. 1820#. SI for 2 hrs. FL @ 1500'. Reef chemical squeeze w/275 gals. S-262 scale inhibitor w/1000# salt block & 50 bbls. fresh water. Flush w/100 bbls. fresh water. ATP 4000# @ 2.8bpm. MTP 3100# @ 3.9 bpm. ISIP 2680#.

4/28/98 POH w/2-7/8" tbg., pkr, SN & tail pipe. RIH w/MS,PS & 2-7/8" tbg. RD BOP. RIH w/rods & 2-1/2" 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 Terry TITLE Production Tech II DATE October 18, 2001

(This space for Federal or State Office use)

APPROVED BY DAVID R. GLASS TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:
NOV 1 2001

DAVID R. GLASS
PETROLEUM ENGINEER

*See Instruction On Reverse Side