

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate
(Only in triplicate)
N.M. Oil Cons. Division
P.O. Box 1980
Hobbs, NM 88241

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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-0315712	
2. NAME OF OPERATOR The Wiser Oil Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 2568 Hobbs, New Mexico 88241		7. UNIT AGREEMENT NAME Maljamar Grayburg Unit	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 261' FSL & 330' FWL Sec. 4-T17S-R32E Unit M		8. FARM OR LEASE NAME	
14. PERMIT NO		9. WELL NO. 101	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4094.3'		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	
		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:

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"/>

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 type="checkbox"/>
(Other) Spudding, Cementing Surface & Production Casing <input checked="" type="checkbox"/>	

(Note: Report results of multiple completion on Well

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.)

MIRU Norton Drilling Co., Rig #5. Spudded 12-1/4" surface hole @ 4:00 p.m., 07/26/96. Drilled hole to 445'. Ran 10 jts. 8-5/8", 23#, K-55, LT& C csg. Set at 442'. Halliburton cemented with 325 sx. Class "C" containing 1/4#/sk. Flocele + 2% CaCl. Plug down @ 11:15 p.m., 07/26/96. Circulated 110 sx. cmt. BLM was notified, no representative present. NU BOP & tested csg. to 1000# for 30 minutes, no pressure loss. WOC 12 hrs.

Drilled 7-7/8" production hole to a depth of 4450'. Ran logs and elected to run casing. Ran 105 jts. 5-1/2" 17#, J-55, LT&C csg. Set at 4450'. Halliburton cemented w/1000 gals. Superflush 102 + 900 sx. Halliburton Lite + 8# salt/sk. + 1/4# flocele/sk. followed by 250 sx. Premium Plus + 3#KCL/sk. + .5% Halad 344 + 1/4# Flocele/sk. Displaced w/ 2 bbls FW + 12 bbls. MSA + 88 bbls. FW. Circ. 146 sx. cmt. Pressure tested casing to 1500# for 30 minutes, no pressure loss. Plug down at 4:30 a.m. 08/01/96. Released rig at 7:30 a.m. 08/01/96. BLM was notified, no representative present.

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

SIGNED Mary Jo Turner TITLE Drilling Department DATE August 4, 1996

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

*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.

