

**UNITED STATES**  
**DEPARTMENT OF THE INTERIOR**  
**BUREAU OF LAND MANAGEMENT**

*CC - Hobbs*  
SUBMIT IN TRIPLICATE.  
(Other Instructions on  
reverse side).

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"/> Temporarily Abandon		5. LEASE DESIGNATION AND SERIAL NO. NM-0315712 09015	
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 312' FSL & 2452' FEL Unit O		8. WELL NAME AND NO. 99	
		9. API WELL NO. 30-025-33381	
		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.) 4127' 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:

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:

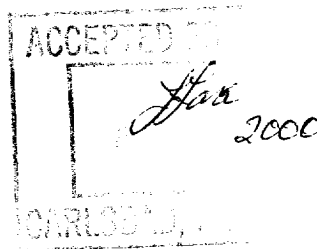
WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT * <input checked="" type="checkbox"/>
(Other) <u>Temporarily Abandon</u>	

(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.)

08/18/99 MIRU Tatum Well Service # 333. Blew well down. ND WH. POH w/rods & pump. RU BOP. POH w/2-7/8" tbg. LD BHA. RIH w/2-7/8" x 5-1/2" CIBP, setting tool & 2-7/8" tbg. Set CIBP @ 3790'. Current perforations at 3844'-4299'. Pumped 90 bbls. pkr. fluid. Pressure tested plug to 300# for 15 min. Held ok. POH w/126 jts. 2-7/8" tbg, & setting tool. RD BOP. NU WH w/1 jt. 2-7/8" tbg. & bull plug. RDMO unit. Well is TA'D. **Final Report.**

~~This Approval of Temporary  
Abandonment Expires~~



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

SIGNED Mary Jo Turner TITLE Completion Department

DATE June 20, 2000

(This space for Federal or State office use)

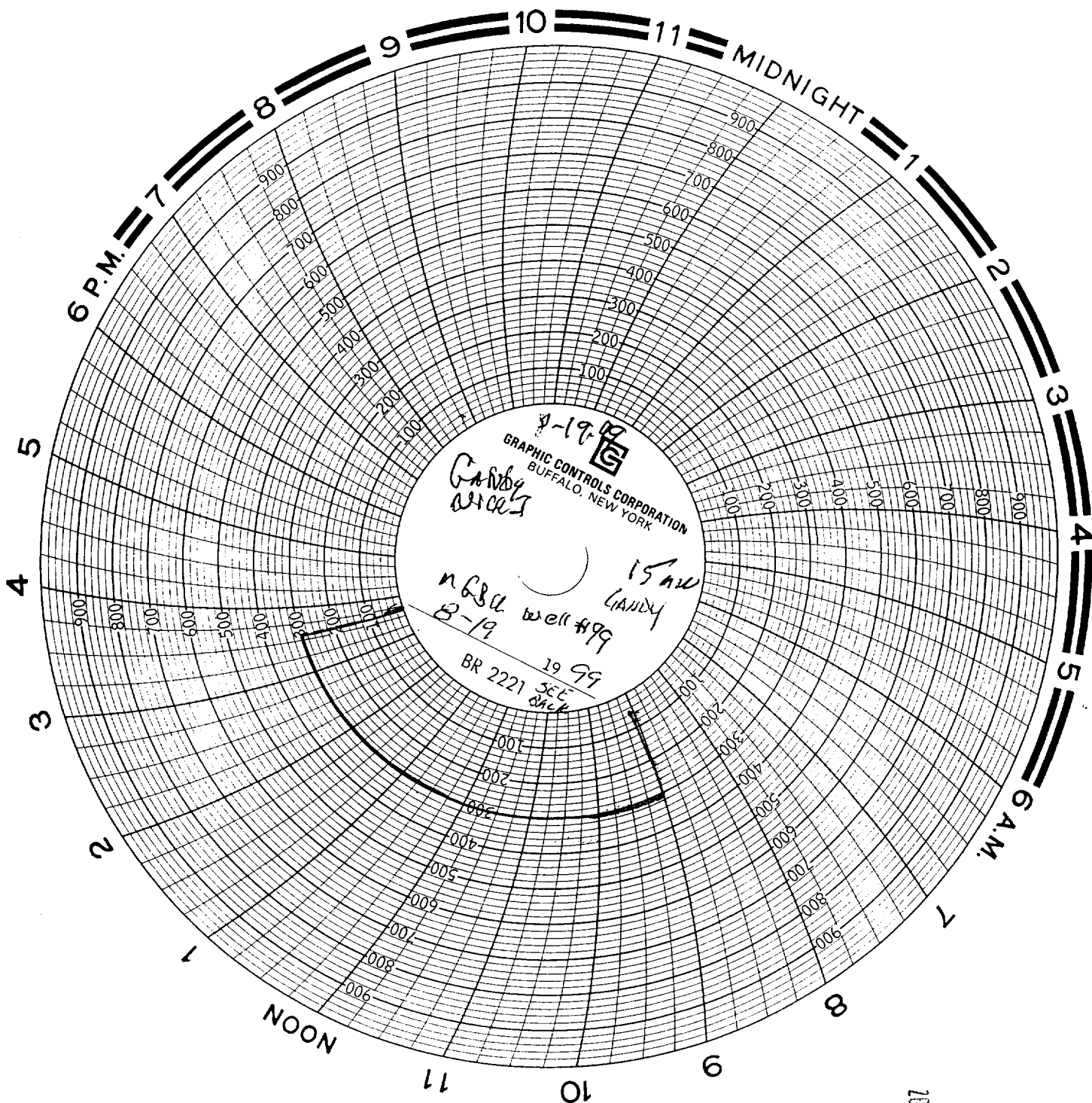
APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

GWW

\*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.

*not posted  
info April 8*



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MANAGER, RESOURCE AREA