

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE\*  
(Other instructions on  
reverse side)

Budget Bureau No. 1004-0135  
FEB 23 1985

N.M. Oil Cons. Division  
1625 N. French Dr.  
Hobbs, NM 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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME Caprock Maljamar Unit	
2. NAME OF OPERATOR The Wiser Oil Company		8. WELL NAME AND NO. 187	
3. ADDRESS OF OPERATOR P.O. Box 2568 Hobbs, New Mexico 88241		9. API WELL NO. 30-025-33421	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface  2467' FNL & 2501' FWL Unit F		10. FIELD AND POOL, OR WILDCAT Maljamar Grayburg San Andres	
		11. SEC. T. R. M., OR BLK. AND SURVEY OR AREA Sec. 24-T17S-R32E	
14. PERMIT NO	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4073' 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:

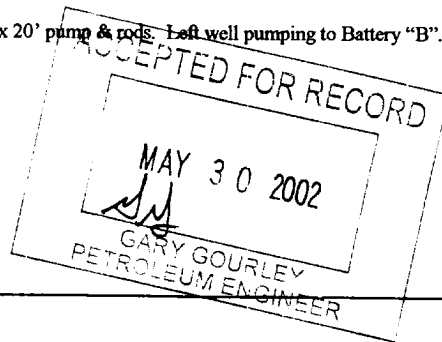
TEST WATER SHUT OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <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) Remedial <input type="checkbox"/>	
(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 an true vertical depths for all markers and zones pertinent to this work.)

1/21/97 MIRU Gibson Well Service. POH w/rods & pump.  
1/22/97 POH w/2-7/8" tbg. RIH w/plug & pkr. on 2-7/8" tbg. Set plug @ 4520'. Set pkr. @ 4400'. Swab perfs. 4489'-4496'. Rec. 134 bbls. water. FL 400'. FFL 1300'.  
1/23/97 Swab perfs. 4243'-4327' & 3941'-4203'. Recovered 168 bbls. fluid 3% oil.  
1/24/97 Release pkr. & plug. POH.  
1/27/07 RIH w/CIBP on 2-7/8" tbg. Set @ 4400'. Pull to 4335'. Spot 1000 gals. 15% NE-FE acid across perfs. 3941'-4327'. Pull to 3000'. Flush w/fresh water to bottom perfs. ISIP 894#. MTP 1180# @ 3 bpm.  
1/28/97 RIH w/2-7/8" tbg. Tbg. @ 4332'. Set TAC w/12,000# tension @ 3867'. ND BOP. NU WH. RIH w/2-1/2" x 2" x 20' pump & rods. Left well pumping to Battery "B". RDMO.



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

SIGNED Mary Jo Turner TITLE Production Tech II DATE December 3, 2001

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE JUN 04 2002  
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.

*KE*