

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other Instructions on
reverse side)

N.M. Oil Cons. Division
625 N. French Dr.
Hobbs, NM 88240
Budget Fiscal Year 2004-0135
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	
1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR The Wiser Oil Company		7. UNIT AGREEMENT NAME Maljamar Grayburg Unit	
3. ADDRESS OF OPERATOR P.O. Box 2568 Hobbs, New Mexico 88241		8. WELL NAME AND NO. 81	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2579' FNL & 1182' FEL Unit H		9. API WELL NO. 30-025-33481	
		10. FIELD AND POOL, OR WILDCAT Maljamar Grayburg San Andres	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 3-T17S-R32E	
14. PERMIT NO	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4280' 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 type="checkbox"/>
(Other) Remedial <input checked="" 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 and true vertical depths for all markers and zones pertinent to this work.)

6/03/98 MIRU Pool Well Service. Pump stuck. Back off rods & POH. NU BOP. POH w/2-7/8" tbg. RIH w/csg. scraper to 4271'. POH w/scraper. RIH w/5-1/2" pkr. Spot converter across perfs. Set pkr.

6/04/98 RU Reef Services & acidize 2-7/8" tbg. w/1500 gals. 15% NE-FE acid w/1500# rock salt. Flush to perfs. 200# increase w/first block. 250# increase w/second block. ISIP 2400#. 15 min. 1000#. Avg. Rate 3 bpm. SI 1 hr. Tbg. on vac. Release pkr. & POH. RIH w/2-7/8" tbg. RIH w/rods & 2-1/2" x 1-1/2" x 16' pump. Left well pumping to Battery.

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

SIGNED Mary Jo Tuxary

TITLE Production Tech II

DATE October 18, 2001

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY JEAN DAVID

TITLE

DATE

CONDITIONS OF APPROVAL

NOV 1 2001

*See Instruction On Reverse Side