

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE
(Other instructions on
reverse side)

Oil Cons. Division
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-016799	
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 2579' FNL & 1182' FEL Sec. 3-T17S-R32E Unit H		8. FARM OR LEASE NAME	
14. PERMIT NO		9. WELL NO. 81	
		10. FIELD AND POOL, OR WILDCAT Maljamar Grayburg San Andres	
15. ELEVATIONS (Show whether DE, RT, GR, etc.) 4280' BLM		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 3-T17S-R32E	
12. COUNTY OR PARISH Lea Co.		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 @ 10:30 p.m., 06/28/96. Drilled hole to 443'. Ran 10 jts. 8-5/8", 23#, K-55, LT& C csg. Set at 443'. Halliburton cemented with 300 sx. Class "C" containing 1/4#/sk. Flocele + 2% CaCl. Plug down @ 3:15 a.m., 06/29/96. Circulated 106 sx. cmt. BLM was notified, no representative present. NU BOP & tested csg. to 1000# for 30 minutes, no pressure loss.

Drilled 7-7/8" production hole to a depth of 4500'. Ran logs and elected to run casing. Ran 108 jts. 5-1/2", 17#, J-55 & K-55, LT&C csg. Set at 4500'. 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. Dropped plug & lost returns. Displaced w/2 bbls. FW + 12 bbls. MSA + 90 bbls. FW. Circ. 0 sx. cmt. Pressure tested casing to 1500# for 30 minutes, no pressure loss. Plug down at 7:00 a.m. 07/04/96. Released rig at 9:00 a.m. 07/04/96. BLM was notified, no representative present.

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

SIGNED Mary Jo Truett TITLE Drilling Department DATE July 29, 1996

(This space for Federal or State office use)

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

*See Instruction On Reverse Side