

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on  
reverse)  
P 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. <input type="checkbox"/> OIL <input type="checkbox"/> GAS <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Water Injection		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. Sec also space 17 below.) At surface 1980' FSL & 990' FWL Sec. 4-T17S-R32E Unit L		8. API WELL NO. 30-025-33628	
		9. WELL NO. 154	
		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.) 4126'	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"/>

(Other)

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) Perforate & Acidize

(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.)

04/07/97 Halliburton perforated Grayburg 73828', 29', 30', 42', 63', 67', 68', 69', 70', 82', 91', 3909', 18', 19', 20', 21', 30', 31', 44', 58', 59', 60', 77', 82', 83', 84', 88', 89', & 90' w/2 SPF (58 holes). Formation broke @ 2175#. Pumped 15 bbls. FW. MTP 2435# @ 4.8 bpm. ATP 2398# @ 3.4 bpm.

04/09/97 MIRU unit. Changed rams in BOP.

04/10/97 NU BOP. RIH w/5-1/2" R-4 pkr. on 2-7/8" tbg. to 3775'. Halliburton acidized Grayburg perfs. 3828'-3990' w/4500 gals. 15% NE-FE acid & 65 ball sealers. Some ball action. MTP 3440# @ 5.3 bpm. ATP 3300# @ 4.8 bpm. ISIP 2706#. 5 min. 2237#. 10 min. 1984#. 15 min. 1051#.

04/11/97 Released R-4 pkr. & RIH to 4000'. LD 2-7/8" tbg. & R-4 pkr. RIH w/5-1/2" perma-latch pkr. w/1.5" profile, on-off tool & 119 jts. 2-3/8" IPC tbg. to 3747'. ND BOP. Install WH. Pumped 100 bbls. pkr. fluid. RDMO.

04/19/97 NU WH. Initial injection rate 286 BWPD @ 1650#.

10/07/97 Ran chart to 600#.

ACCEPTED FOR FILE  
ORIG. SCD1 DAVID E. GLASS  
OCT 8 1997

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

SIGNED Mary Jo Toney TITLE Completion Department DATE October 8, 1997

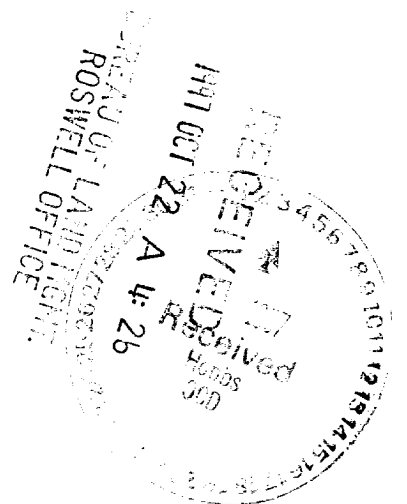
(This space for Federal or State office use)

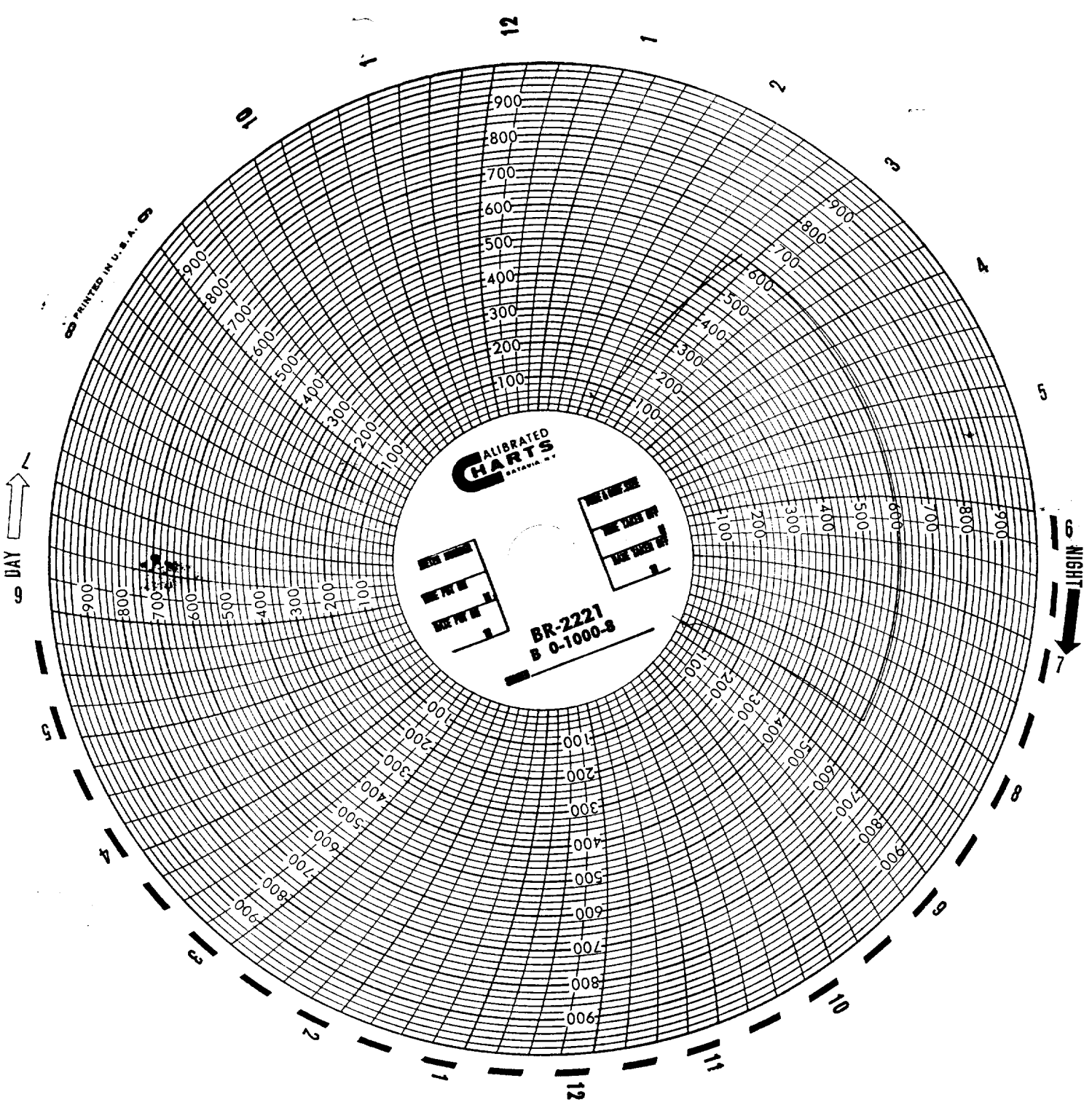
APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instruction On Reverse Side

JCSB

8-24-97  
JCS





RECEIVED  
1991 OCT 22 A 4: 27  
U.S. AIR FORCE  
ROSWELL OFFICE

10-7-97

#154

1980' FSL & 990 FWL

Sec. 4-T175-R32E

LEA. Co. New Mexico

