

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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.) | | 5. LEASE DESIGNATION AND SERIAL NO. LC-059152-B | |
| 1. <input checked="" type="checkbox"/> OIL <input type="checkbox"/> GAS <input type="checkbox"/> OTHER | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME | |
| 2. NAME OF OPERATOR The Wiser Oil Company | | 7. UNIT AGREEMENT NAME Caprock Maljamar Unit | |
| 3. ADDRESS OF OPERATOR P.O. Box 2568 Hobbs, New Mexico 88241 | | 8. API WELL NO. 30-025-33841 | |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1893' FSL & 1975' FWL Sec. 24-T17S-R32E Unit K | | 9. WELL NO. 268 | |
| | | 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.) 4072' | 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 type="checkbox"/> |
| (Other) <u>Frac</u> | |

(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.)

10/16/97 Halliburton frac'd Grayburg perfs. 3877'-4113' w/12,000 gals. gelled water, 24,500 gals. 20# Delta frac & 60,000# 16/30 Brown sand. ATP 3600# @ 26 bpm. MTP 4952# @ 32 bpm. ISIP 2814#. 5 min. 2660#. 10 min. 2588#. 15 min. 2569#.

10/25/97 ND frac valve. NU BOP. RIH w/retrieving hea & 2-7/8" tbg. Tagged sand @ 4052'. Washed to 4140'. Released RBP & POH. RIH w/tbg. TS @ 4367'. SN @ 4336'. TAC @ 3821'. RIH w/2-1/2" x 1-3/4" x 20' RHTC pump. Left well pumping to Battery "B"

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

SIGNED Mary Sp Turner TITLE Completion Department DATE October 30, 1997

(This space for Federal or State office use)

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

*See Instruction On Reverse Side

