

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) 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.)

04/15/97 MIRU WS. Installed WH & BOP. RIH w/4-3/4" bit & 4 3-1/2" DC's on 2-7/8" tbg. Tagged @ 4247'.

04/16/97 Drilled cmt. f/4250'-4407'. Circ. & POH. LD tbg., DC's & bit. ND BOP.

06/25/97 MIRU WS. NU BOP. Halliburton perforated San Andres Upper Jackson f/4334'-46', 48'-52', 57', 62'-70', 83', 84' & 85' w/1 SPF (31 holes). RIH w/5-1/2" Baker FB pkr. on 2-7/8" tbg. to 4390'. HES spotted 100 gals. 15% NE-FE acid f/4390'-4305'. Set pkr. @ 4237'. Attempted break down. Communication to annulus. Reset pkr. @ 4206'. Communication. Dropped standing valve & tested tbg. w/4000#. Leaked to 0#. Pulled standing valve. Pulled 16 stands tbg.

06/26/97 POH w/tbg. RIH w/pkr. & tbg. Tested to 5000# @ 4237'. HES acidized San Andres Upper Jackson perms. f/4334'-4385' w/4000 gals. 15% NE-FE acid & 62 ball sealers. Formation broke @ 4442#. ATP 3350# @ 4.5 bpm. MTP 5000# @ 5.2 bpm. Balled out. ISIP 2774#. 5 min. 2258#. 10 min. 1972#. 15 min. 1783#.

06/30/97 POH w/pkr. RIH w/tbg. ND BOP. Set TAC w/12,000# tension. NU WH. TS @ 4390'. SN @ 4358'. TAC @ 4294'. RIH w/2-1/2" x 1-3/4" x 20' RHAC pump.

07/01/97 Set pumping unit. Built WH & laid flow line.

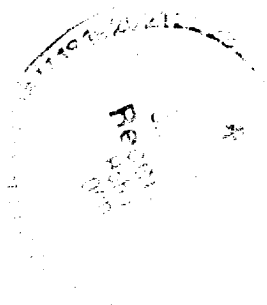
18. I hereby certify that the foregoing is true and correct.

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

(This space for Federal or State office use)

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

*See Instruction On Reverse Side



17th April 1963

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