

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Co.
MULTIPLE *
(Other instructions on reverse side)
P.O. 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 depth.
Use "APPLICATION FOR PERMIT - " for such proposals.)

RECEIVED

OCT - 6 P 12:07

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME Maljamar Grayburg Unit	
2. NAME OF OPERATOR The Wisor Oil Company		8. API WELL NO. 30-025-34117	
3. ADDRESS OF OPERATOR P. O. Box 2568 Hobbs, New Mexico 88241		9. WELL NO. 103	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1235' FNL & 2527' FEL Sec. 9-T17S-R32E Unit B		10. FIELD AND POOL, OR WILDCAT Maljamar Grayburg San Andres	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 9-T17S-R32E	
14. PERMIT NO	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4107'	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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT * <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Spudding, Cementing Surface & Production Casing</u> <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.)

MIRU Norton Drilling Co., Rig #5. Spudded 12-1/4" surface hole @ 7:30 p.m., 9/18/97. Drilled hole to 421'. Ran 9 jts. 8-5/8", 20#, ISW-42 ST& C csg. Set at 416'. Halliburton cemented with 325 sx. Class "C" containing 1/4#/sk. Flocele + 2% CaCl. Plug down @ 2:30 a.m., 9/19/97. Circulated 85 sx. cmt. BLM was notified, witnessed by Steve Cafley. NU BOP & tested csg. to 1000# for 30 minutes, no pressure loss. WOC 12 hrs.

Drilled 7-7/8" production hole to a depth of 4400'. Ran casing as follows: Ran 106 jts. 5-1/2" 17#, J-55, LT&C csg. Set at 4400'. Halliburton cemented w/1000 gals. Superflush 101 + 1100 sx. Halliburton Lite + 8# salt/sk. + 1/4# Flocele/sk. followed by 250 sx. Premium Plus w/3#KCL/sk. + .5% Halad 344 + 1/4# Flocele/sk. Displaced w/l bbl. FW + 12 bbls. MSA + 88 bbls. FW w/Lo-Surf. 300. Plug down at 4:15 p.m. 9/25/97. Circ. 230 sx. cmt. Pressure tested casing to 1500# for 30 minutes, no pressure loss. Released rig at 6:15 p.m. 9/25/97. BLM was notified, no representative present.

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

SIGNED Mary Jo Toney TITLE Drilling Department DATE September 29, 1997

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instruction On Reverse Side

ACCEPTED FOR RECORD

OCT 9 1997

(ORIG. SGD.) GARY GOURLEY

10-11-11
70-819, 8-10-11

10-11-11

