

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
OFFICE FOR HANDER
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(Other instructions on
reverse side)

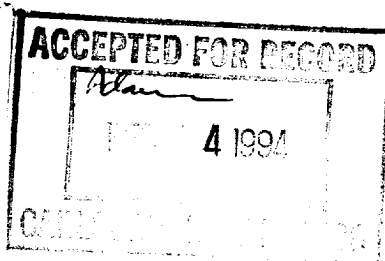
MM Rowell District
Modified Form No.
NM60-3160-4

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 ☒ GAS WELL ☐ OTHER ☐ WIW		3. AREA CODE & PHONE NO. 505/885-5433	
2. NAME OF OPERATOR THE WISER OIL COMPANY		8. FARM OR LEASE NAME Phillips Federal	
3. ADDRESS OF OPERATOR 207 W MCKAY, CARLSBAD, NM 88220		9. WELL NO. 3	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' 1879' FNL & 660' FEL, Unit H		10. FIELD AND POOL, OR WILDCAT Maljamar Grayburg San Andres	
14. PERMIT NO. 30-025-01387		15. ELEVATIONS (Show whether OF, RT, OR, etc.) 4127' DF	
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		12. COUNTY OR PARISH Lea	
NOTICE OF INTENTION TO: TEST WATER SHUT-OFF ☐ FRACTURE TREAT ☐ ABANDON OR ACIDIZE ☐ REPAIR WELL ☐ (Other) ☐		18. STATE NM	
PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐ ABANDON* ☐ CHANGE PLANN ☐		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 33 T17S R33E	
WATER SHUT-OFF ☐ FRACTURE TREATMENT ☐ ABANDON OR ACIDIZING ☐ (Other) ☒ Test Csg.		13. COUNTY OR PARISH Lea	
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.)		16. SUBSEQUENT REPORT OF: REPAIRING WELL ☐ ALTERING CASING ☐ ABANDONMENT* ☒	

12/13/93 - Casing Integrity Test
Pressure test csg to 350 psi for 15 min.
No pressure loss.



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

SIGNED Perry L. Hughes TITLE Agent DATE 01/28/94

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

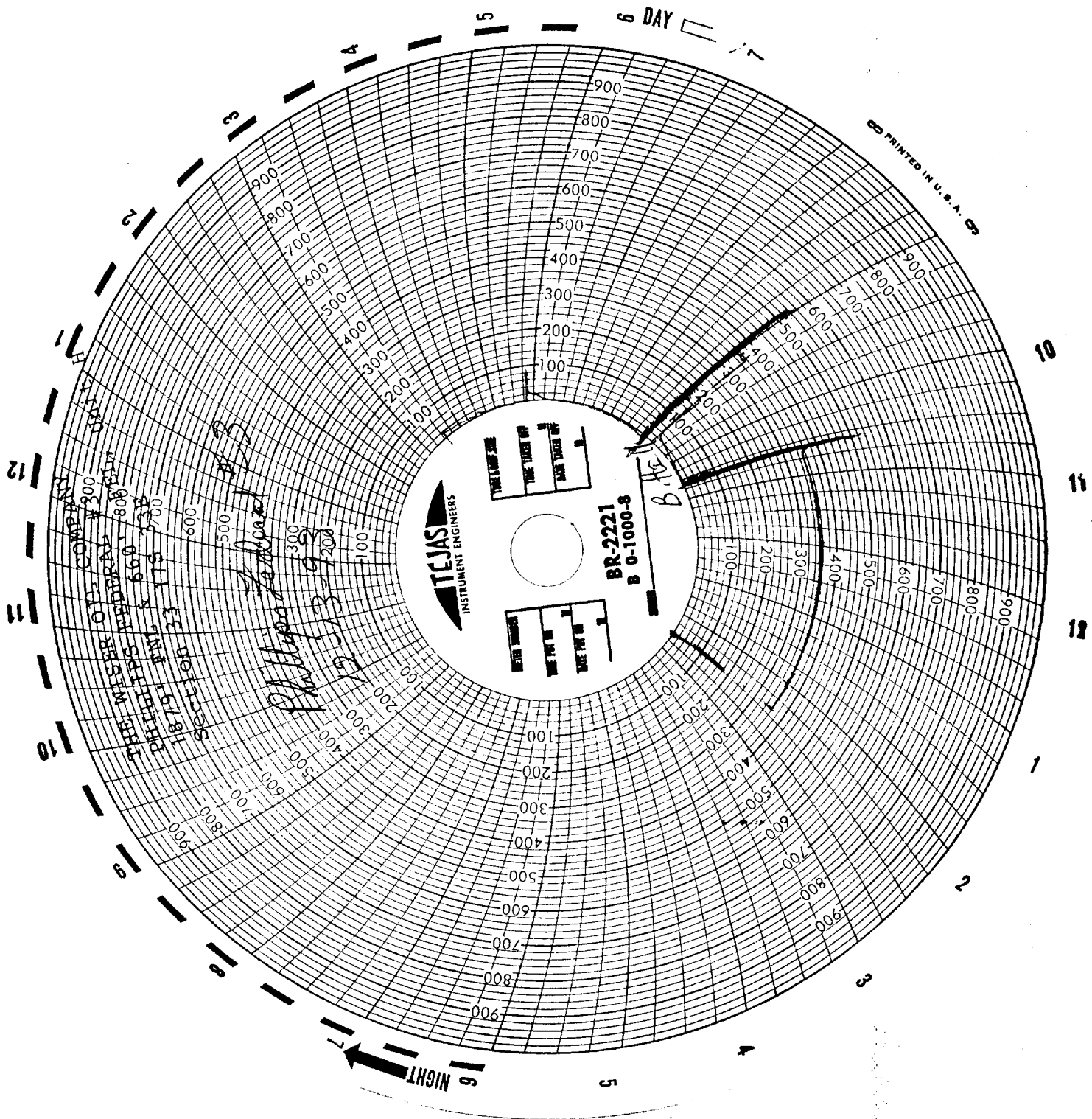
*See Instructions on Reverse Side

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THE WISPER OIL COMPANY
WISPER OIL FIELD
PHILLIPS 13-93
Section 23 115 520

6 NIGHT

6 DAY

~~CONFIDENTIAL~~

ALLEN

1964

OFFICE

~~CONFIDENTIAL~~