

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M.C. Cons. Division
SUBMIT BY: 1623 N. French Dr.
(Other Instructions on 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.)		5. LEAD DESIGNATION AND SERIAL NO. NM-801	
1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		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. 30-025-34257	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 330' FNL & 2310' FEL Unit B		9. WELL NO. 285	
		10. FIELD AND POOL, OR WILDCAT Maljamar Grayburg San Andres	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 33-T17S-R33E	
14. PERMIT NO	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4180'	12. COUNTY OR PARISH Lea County	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) 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.)

07/08/02 MIRU Eunice Well Service. POH w/rods & pump. ND WH. RU BOP. POH w/2-7/8" tbg. LD BHA.

07/09/02 RIH w/4-3/4" bit & 5-1/2" scraper on 2-7/8" tbg. to 4470'. POH w/tbg. LD tools. RIH w/5-1/2" AD-1 pkr. Spot control valve on 2-7/8" tbg. @ 4470'. Spot 110 gals. Pro-Kem SC-999 scale converter across Grayburg perfs. 4421'-4467'.

07/10/02 Pressure test tbg. to 4000#. RU swab. FL @ surface. FFL @ 3500'. RD swab. Move to 4380'. RU Cudd Pressure Service. Pickle tbg. w/400 gals. 15% HCL acid. Reverse out. Set pkr. @ 4380'. Acidize Grayburg 4421'-4467' w/2000 gals. 15% HCL NE-FE acid & 2.5 system anti-sludge w/1500# rock salt. Best block 1800#. Best break 2000#. ATP 2000#@ 3.5 bpm. MTP 3800#@ 4.2 bpm. ISIP 1850#. 5 min. 1273#. 10 min. 996#. 15 min. 813#. Flush w/27 bbls. fresh water. RD Cudd 1 hr. SI 350#. RU swab. FL surface. FFL 2500'. RD swab.

07/11/02 Tbg. 100#. Csg. 0#. Unset pkr. POH w/tbg. LD pkr. RIH w/2-7/8" tbg. Tbg. @ 4435'. SN @ 4400'. RD BOP. NU WH. RIH w/rods & 1-1/2" x 20' pump. Left well pumping to CMU Battery "C".

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

SIGNED Mary Jo Turner TITLE Production Tech II DATE August 8, 2002

(This space for Federal or State office use)

APPROVED BY DAVID R. GLASS TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

SEP 13 2002

*See Instruction On Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

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