

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, etc. Use "APPLICATION FOR PERMIT - " for such proposals.)		5. LEASE DESIGNATION AND SERIAL NO. NM-801
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. 30-025-34257
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 Sec. 33-T17S-R33E 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
		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>Perforate, Acidize & Frac</u>	
(Other)		(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.)

01/21/98 HES perforated Grayburg 4421'-28', 30', 32', 34', 46', 50'-56', 58', 61', 63', 65' & 67' w/2 SPF (48 holes). Acidized Grayburg perfs. 4421'-4467' w/3000 gals. 15% NE-FE acid & 72 ball sealers. Formation broke @ 3312#. ATP 2350# @ 4.5 bpm. MTP 2590# @ 5.4 bpm. Good ball action. ISIP 2430#. 5 min. 2256#. 10 min. 2109#. 15 min. 1990#.

01/22/98 HES frac'd Grayburg perfs. 4421'-4467' w/5000 gals. gelled water, 18,500 gals. # 20 Delta Frac + 37,000# 16/30 Brown sand. ATP 2929# @ 29 pm. MTP 3202# @ 30 bpm. ISIP 2743#. 5 min. 2534#. 10 min. 2441#. 15 min. 2415#.

01/29/98 Installed WH. NU BOP. RIH w/tbg. Tagged sand @ 4437'. Cleaned out sand f/4437'-4575'. Pulled 2 jts. tbg. ND BOP. Set TAC w/10,000# tension. Tbg. @ 4512'. SN @ 4481'. TAC @ 4320'.

01/30/98 RIH w/rods & 2-1/2" x 1-3/4" x 20' RHTC pump. Left well pumping to Battery "C"

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

SIGNED Mary Jo Turner TITLE Completion Department DATE April 4, 1998

(This space for Federal or State office use)

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

*See Instruction On Reverse Side