

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

OCN - Artesia

CL51

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> INJECTOR                                                                |                                                            | 5. LEASE DESIGNATION AND SERIAL NO.<br>LC-029418-B                       |                 |
| 2. NAME OF OPERATOR<br>The Wiser Oil Company                                                                                                                                  |                                                            | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                                     |                 |
| 3. ADDRESS OF OPERATOR<br>P.O. Box 2568 Hobbs, New Mexico 88241                                                                                                               |                                                            | 7. UNIT AGREEMENT NAME                                                   |                 |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.<br>See also space 17 below.)<br>At surface<br><br>1980' FSL & 1980' FEL<br>Unit J |                                                            | 8. WELL NAME AND NO.<br>Lea "C" # 4                                      |                 |
|                                                                                                                                                                               |                                                            | 9. API WELL NO.<br>30-015-05132                                          |                 |
|                                                                                                                                                                               |                                                            | 10. FIELD AND POOL, OR WILDCAT<br>Grayburg Jackson 7-Rivers-QN-GB-SA     |                 |
|                                                                                                                                                                               |                                                            | 11. SEC., T., R., M., OR BLK. AND<br>SURVEY OR AREA<br>Sec. 11-T17S-R31E |                 |
| 14. PERMIT NO                                                                                                                                                                 | 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br>3954' DF | 12. COUNTY OR PARISH<br>Eddy County                                      | 13. STATE<br>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>Request extension of TA status</u><br>(Note: Report results of multiple completion on Well<br>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.)

Wiser Oil Company is in the process of selling the Lea C leases and would like to maintain the subject well in temporary abandon status until October 8, 2002. This time extension will enable Wiser to finalize the sales package at which time the new owner/operator can determine the future course of action for the Lea "C" # 4.

RECEIVED  
OCD - ARTESIA

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

SIGNED Mary Jo Turner TITLE Production Tech II DATE October 8, 2001

(This space for Federal or State office use)

APPROVED BY FORIC 80011070 LAM DATE 12/7/2001  
CONDITIONS OF APPROVAL, IF ANY:

CIT w/in 30 days.

\*See Instruction On Reverse Side