Form 3160-5 (November 1983) (Formerly 9-331)

CCN-Artesia

## UNITŁU STATES **DEPARTMENT OF THE INTERIOR**

SUBMIT IN TRIPLICATE \* (Other Instructions on reverse side )

Budget Bureau No. 1004-0135

	- A I'T	TOTOLSO SIGO )		
BUREAU OF LAND MANAGEMENT		5. LEASE DESIGNATION AND SERIAL NO. LC-029418-B		
SUNDRY NOTICES AND REPOR  (Do not use this form for proposals to drill or to deepen or plug  Use "APPLICATION FOR PERMIT - " for su	g back to a d	lifferent reservoir.	6. IF INDIAN, ALLOTTEE OR TRIBE NA	ME
OIL GAS WELL OTHER			7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR			8. WELL NAME AND NO.	
The Wiser Oil Company			Lea "C" # 3	
3. ADDRESS OF OPERATOR			9. API WELL NO.	
P.O. Box 2568 Hobbs, New Mexico 88241			30-015-05131 10. FIELD AND POOL, OR WILDCAT	
LOCATION OF WELL (Report location clearly and in accordance with See also space 17 below.)     At surface	any State re	equirements.	Grayburg Jackson 7-Rivers-QN-GB-SA  11. SEC., T., R., M., OR BLK. AND	
660' FNL & 660' FWL			SURVEY OR AREA	
Unit D			Sec. 11-T17S-R31E	
14. PERMIT NO 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3956' DF			[ - <del>-</del>	state N <b>M</b>
			1 200) commy	. 1111
16. Check Appropriate Box to indica	ate Natur	re of Notice, Report, or Oth	er Data	
NOTICE OF INTENTION TO:		st	JBSEQUENT REPORT OF:	
TEST WATER SHUT OFF PULL OR ALTER CASING	i 🔲	WATER SHUT-OFF	REPAIRING WELL	П
FRACTURE TREAT MULTIPLE COMPLETE		FRACTURE TREATMENT	ALTERING CASING	H
SHOOT OR ACIDIZE ABANDON*		SHOOTING OR ACIDIZIN	ABANDONMENT *	
REPAIR WELL CHANGE PLANS			of multiple completion on Well	
(Other) 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS: (Clearly st	tata all marti	Completion or Recor	mpletion Report and Log form.)	
proposed work. If well is directionally drilled, give subsurface location	is and measi	ared 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 main				: to
finalize the sales package at which time the new owner/operator can determine the futu				
			439 OH 4.	
				14.5
			<b>T</b>	
			Deneiven	
			OCD - ARTESIA	( iz.
			000 /11112	
			e de la companya de	
18. I hereby certify that the foregoing is true and correct.				
SIGNED Many Oc Turner TITLE Pro	duction Tec	sh II	DATE October 8, 2001	
C. F. L. L. Oct. (Co.)				
(This space for Federal or State office use)		Madadana Pasinasa	10/-10 01	
APPROVED BY TAKES, SGD.) JOE G. LANDE		The supplement of the distriction of the passing and the passing of the passing o	DATE 12   7/2001	<del></del>
APPROVED BY ORIG. SGD.) JOE G. LARDE CONDITIONS OF APPROVAL, IF ANY:	30	Anus-		
		n On Reverse Side		