

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

OCD - Artesia

SUBMIT IN TRIPLICATE *
(Other Instructions on
reverse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

ST

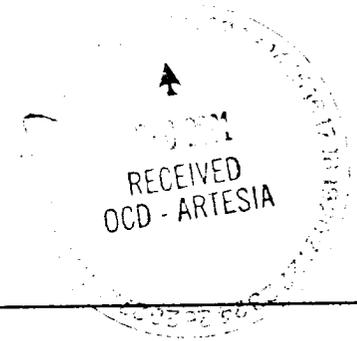
SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT - " for such proposals.)		5. LEASE DESIGNATION AND SERIAL NO. LC-029418-B
		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> INJECTOR		7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR The Wiser Oil Company		8. WELL NAME AND NO. Lea "C" # 11
3. ADDRESS OF OPERATOR P.O. Box 2568 Hobbs, New Mexico 88241		9. API WELL NO. 30-015-20679
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FSL & 660' FWL Unit H		10. FIELD AND POOL, OR WILDCAT Grayburg Jackson 7-Rivers-QN-GB-SA
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 11-T17S-R31E
14. PERMIT NO	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3936' DF	12. COUNTY OR PARISH Eddy County
		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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Request extension of TA status</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.)

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" # 11.



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 [Signature] TITLE Production Tech II DATE 12/7/2001

CONDITIONS OF APPROVAL, IF ANY: CIT w/in 30 days.

*See Instruction On Reverse Side