

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other Instructions on
reverse side)

C. Cons.
N.M. DIV-DIST 2
1301 W. Grand Avenue
Artesia, NM 88210
Budget Bureau No. 1004-0135
Expires August 31, 1985
LEASE DESIGNATION AND SERIAL NO.
LC-029418-B

CISF

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"/> WIW		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR The Wiser Oil Company		7. UNIT AGREEMENT NAME Lea "D"	
3. ADDRESS OF OPERATOR P.O. Box 2568 Hobbs, New Mexico 88240 (505) 392-9797		9. API Well No. 30-015-05412	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 710' FNL & 660' FEL Unit A		10. FIELD AND POOL, OR WILDCAT Grayburg Jackson Seven Rivers QN-GB-SA	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 26-T17S-R31E	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3855'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:

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) <u>Re-perforate & acidize</u> (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.) *

3/01/01 MIRU Tyler Well Service. ND WH. RU BOP. Unset pkr. POH w/2-3/8" IPC tbg. LD 2-3/8" x 5-1/2" AD-1 pkr. RU Computalog WL. RIH w/4-1/2" gauge ring to 3660'. Beat thru to 3668'. POH w/gauge ring. Perforate Grayburg f/3442'-49', 83'-3500', 3513'-20', 37'-40', 47'-51', 58'-62' & 84'-89' w/4 SPF.

3/02/01 RIH w/AD-1 pkr. & 2-3/8" IPC tbg. to 3220'. RD BOP. NU WH. Circulate 90 bbls. pkr. fluid. Set pkr. Test csg. to 500# for 30 min. RU Hughes Well Service & acidized Grayburg 3300'-3805' open hole 3863'-3930' w/2000 gals. 15% NE-FE acid w/2100# rock salt. Best block 400#. Best break 350#. ATP 1500# @ 3.5 bpm. MTP 2000# @ 4.5 bpm. ISIP 1000#. 5 min. 930#. 10 min. 920#. 15 min. 910#. Flush w/23 bbls. fresh water. SI 1 hr. 800#. Left blowing down to flowline. RDMO.

3/05/01 RU injection. Placed well back to injecting - 200 BWPD @ 400#.

ACCEPTED FOR RECORD

NOV 23 2001

ALEXIS C. SWOBODA
PETROLEUM ENGINEER

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

SIGNED Mary Jo Turner TITLE Production Tech II DATE October 25, 2001
Mary Jo Turner

(This space for Federal or State office use)

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

*See Instruction On Reverse Side

