

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. V-Dist. 2
1301 W. and Avenue
Artesia, NM 88210
Bureau No. 1004-0135
Expires August 31, 1985
SUBMIT IN TRIPlicate (Other copies on reverse side)

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. NM 098120 LC-029418(6)	
2. NAME OF OPERATOR The Wiser Oil Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 2568 Hobbs, New Mexico 88241		7. UNIT AGREEMENT NAME Lea D	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1880' FNL & 1980' FEL Unit G		8. WELL NAME AND NO. 4	
		9. API WELL NO. 30-015-05414	
		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. 26-T17S-R31E	
14. PERMIT NO	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3848' 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 type="checkbox"/>

(Other) Perforate & acidize

(Note: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

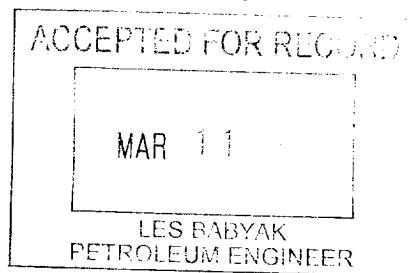
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS: (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

5/11/99 MIRU unit. ND WH. Release pkr. NU BOP's. POH w/2-3/8" tbg. LD pkr. RU HES WL. RIH w/3 1/8" guns. Could not get past 3499'. RD HES. RIH w/3-7/8" bit & 2-3/8" tbg. to 3825'. POH. HES perforated San Andres Vacuum 3746'-48', 59'-70', 78', 79' & 82'-88' w/4 SPF. (96 holes).

5/12/99 RIH w/AD-1 pkr. & set @ 3680'. RU FracMaster & pump into formation. Well communicated. Move pkr. to 3711'. Acidize San Andres Vacuum perfs. 3746'-3788' w/3000 gals. 15% NE-FE acid w/150 ball sealers. Well communicated w/500 gals. in formation. Max. rate 3200# @ 4.9 bpm. Min. rate 2200# @ 2.4 bpm. Avg. rate 2640# @ 4.0 bpm. ISIP 1600#. 5 min. 1600#. 10 min. 1500#. 15 min. 1450#. Release pkr. RIH to 3800'. Pull up to 3457' & set pkr. Test csg. to 500#.

5/13/99 ND BOP's. NU WH. Circulate 50 bbls. pkr. fluid. Set pkr @ 3457'. Set injection rate 300 BWPD @ 1150#. RDMO.

5/14/99 Test csg. to 300# for 15 min. State did not witness. Original chart to NMOCD.



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

SIGNED Mary Jo Turey TITLE Production Tech II DATE December 27, 2001

(This space for Federal or State office use)

Accepted for Record

NY:

Compliance
Office

DATE 3-25-02

*See Instruction On Reverse Side

