

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

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

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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. NM-98120 ✓	
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 10' FNL & 1267' FEL Unit A ✓		8. WELL NAME AND NO. 20 ✓	
14. PERMIT NO		9. API WELL NO. 30-015-29701 ✓	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3854'		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 ✓	
		12. COUNTY OR PARISH Eddy	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) Temporary Abandon

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) _____

(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 requests approval to Temporary Abandon the well by the procedure listed below.

Surface Casing: 8-5/8" set @ 459'

Production Casing: 5-1/2" set @ 4100'

1. MIRU unit. POH w/production equipment.
2. TIF w/CIBP & set @ 3350'.
3. Circulate pkr. fluid.
4. Pressure test to 500# for 30 minutes.
5. POH & LD (bg. Well TA'D.

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

SIGNED Jim Jones TITLE Superintendent DATE May 14, 2002

(This space for Federal or State office use)

APPROVED BY (ORIG. SGD.) JOE G. LARA TITLE Assistant Secretary DATE 6/12/02

CONDITIONS OF APPROVAL, IF ANY:

*See Instruction On Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.