

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other Instructions on
reverse side)

Oil Cons.

Budget Bureau No. 1004-0135

Expires August 31, 1985

N.M. Div. Dist. 2
1801 W. Grand Avenue
Artesia, NM 88210

5. LEASE DESIGNATION AND SERIAL NO.
LC-029418-B

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		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 88241		8. WELL NAME AND NO. 23	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1330' FNL & 1330' FWL Unit F		9. API WELL NO. 30-015-29703	
		10. FIELD AND POOL, OR WILDCAT Grayburg Jackson Seven Rivers	
		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.) 3839'	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) <input type="checkbox"/>	

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) Remedial <input checked="" type="checkbox"/>	
(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.)

10/02/00 MIRU Key Well Service. POH w/rods & pump. ND WH. NU BOP's. POH w/127 jts. 2-7/8" EUE tbg. RU Hydrotest. Test into hole w/R-4 pkr. & 127 jts. 2-7/8" tbg. Tested tbg. to 5000#. Found hole 6 jts. f/bottom. LD 4 jts. & set pkr. @ 3839' w/12,000# tension.

10/03/00 Release pkr. & POH. RIH w/5-1/2" RBP on 2-7/8" EUE tbg. Set RBP @ 3840'. Tbg. @ 3830'. SN @ 3800'. RIH w/rods & 2-1/2" x 1-3/4" x 16' RHAC pump. Left well pumping to Battery. RDMO.

11/20/00 MIRU Tyler Well Service. POH w/rods & pump.

11/21/00 NU BOP's. Release RBP & POH. RIH w/2" bullplug, PS, SN, AD-1 pkr. & 2-7/8" tbg. Pkr. @ 3394'. End of tbg. @ 3960'. Pumped 12 bbls. Toluene. Drop pig & standing valve. Pump 23.5 bbls. water & land standing valve. Pressure tbg. to 1500#.

11/22/00 Fish standing valve. Release pkr. & POH. RIH w/2-7/8" tbg. Tbg. @ 3961'. SN @ 3960'. ND BOP's. RIH w/rods & 2-1/2" x 1-1/2" x 16' RHBC pump. Left well pumping to Battery. RDMO.

ACCEPTED FOR RECORD

NOV 5 2001

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

SIGNED Mary Jo Turner

TITLE Production Tech II

DATE August 18, 2001

ALEXIS C. SWOBODA
PETROLEUM ENGINEER

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instruction On Reverse Side

RECEIVED
2001 OCT 31 AM 10:13
DATA CENTER
RECORDS OFFICE