

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Oil Cons.
N.M. Div. Dist. 2
1301 W. Grand Avenue
Artesia, NM 88210

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

CISP

UNIT 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 ☒ GAS ☐ OTHER ☐
WELL WELL

2. NAME OF OPERATOR
The Wiser Oil Company

3. ADDRESS OF OPERATOR
P.O. Box 2568 Hobbs, New Mexico 88241

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface
1303' FNL & 1306' FEL
Unit A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
Lea "D"

8. WELL NAME AND NO.
10

9. API WELL NO.
30-015-29704

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.)
3761'

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 ☐ PULL OR ALTER CASING ☐
FRACTURE TREAT ☐ MULTIPLE COMPLETE ☐
SHOOT OR ACIDIZE ☐ ABANDON* ☐
REPAIR WELL ☐ CHANGE PLANS ☐

(Other) Temporary Abandon

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐ REPAIRING WELL ☐
FRACTURE TREATMENT ☐ ALTERING CASING ☐
SHOOTING OR ACIDIZING ☐ ABANDONMENT* ☐
(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.

Perforations: 3467'-4056'

1. MIRU unit. POH & LD equipment.
2. TIH & set CIBP @ 3400'. Dump 10 sks. cement on CIBP.
3. Pressure test plug & csg. to 300# 520#
4. If holds circulate pkr, fluid. 520# 30 MIN.
5. Pressure test csg. to 300# with a pressure recorder.
6. Shut well n.

*Note: Call OGD before beginning work.

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

SIGNED AM Jones TITLE Superintendent DATE July 28, 2002

(This space for Federal or State office use)

APPROVED BY FORIG SCD \ OF G. IARA TITLE Supervisor Engineer DATE 8/8/02

CONDITIONS OF APPROVAL, IF ANY:

*See Instruction On Reverse Side