

(June 1990)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill new wells or to deepen or reentry to a different reservoir.
 Use "APPLICATION FOR PERMIT TO DRILL --" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well: OIL <input checked="" type="checkbox"/> GAS <input type="checkbox"/> OTHER: <input type="checkbox"/>		5. Lease Designation and Serial No. LC-029418-B
2. Name of Operator The Wiser Oil Company		6. If Indian, Allottee or Tribe Name Lea
3. Address and Telephone Number 8115 Preston Rd., Suite 400, Dallas, TX 75225 Telephone (214) 360-3592		7. If Unit or CA, Agreement Designation Lea "D" #24
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec. 26-T17S-R31E 10' F.L. & 52' FEL Unit A		8. Well Name and No. Lea "D" #24
		9. API Well No. 30-015-31265
		10. Field and Pool, or Exploratory Area Grayburg Jackson 7-Rivers
		11. County, Parish, State Eddy New Mexico

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA		
TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other: Perf., Acidize, Frac	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completions on Well Completion or Recompletion Report and Log Form)

13. 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)*

1/12/01 Set Lufkin 228-256-100 Mark Unit WH 1800 #. Open well to frac tank on 10/64" choke and tie well into Lea "D" Battery
 1/22/01 NU frac valve, BOP. TIH w/ RBP retrieving head
 1/23/01 Retrieve RBP. TIH w/ MS/MA. SN, 125 jts. 2-7/8" tbg. SN @ 3916'. Turn well into flowline
 1/24/01 TIH w/ 2-1/2" x 1-3/4" x 22' pump on 155-7/8" rods, hung well on, and left well pumping to battery
 1/30/01 Test Well



If additional information is needed, please contact the undersigned at (214)360-3592, FAX (214) 373-3610

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

Name/Signature:

/Catherine A. Aniello

Title: Regulatory Specialist Date: 2/13/01

(This space for Federal or State office use)

Approved by _____

Title _____

Date _____

Conditions of approval (if any):

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

*See Instructions On Reverse Side