

UNITED STATES N.M. Oil Cons. Div. Dist. 2  
DEPARTMENT OF THE INTERIOR 301 W. Grand Avenue  
BUREAU OF LAND MANAGEMENT Artesia, NM 88203

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

1512

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		LEASE DESIGNATION AND SERIAL NO. <b>LC-029418-B</b>	
1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER INJECTOR		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR <b>The Wiser Oil Company</b>		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR <b>P.O. Box 2568 Hobbs, New Mexico 88241</b>		8. WELL NAME AND NO. <b>Lea "C" # 14</b>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface  1980' FSL & 660' FEL Unit I		9. API WELL NO. <b>30-015-20705</b>	
		10. FIELD AND POOL, OR WILDCAT <b>Grayburg Jackson 7-Rivers-QN-GB-SA</b>	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>Sec. 11-T17S-R31E</b>	
14. PERMIT NO	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3962' DF	12. COUNTY OR PARISH <b>Eddy County</b>	13. STATE <b>NM</b>

16. Check Appropriate Box to indicate Nature of Notice, Report, or Other Data			
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT * <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Casing Integrity Test</u>	
(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.)

12/31/01 Test casing to 500 PSI (Copy of pressure chart attached, original to NMOCD)

Performed by Nick Jimenez with Gandy Corporation. Left message on recorder - Test was not witnessed.

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

SIGNED Mary Sue Turner TITLE Production Tech II DATE January 4, 2002

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ DATE \_\_\_\_\_

COND \_\_\_\_\_

Accepted for record  
only JAN 29 2002

RECEIVED FOR RECORD  
JAN 14 2002  
LES BABYAK  
PETROLEUM ENGINEER

Title 18 U statements

Instruction On Reverse Side

nd willfully to make to any department or agency of the United States any false, fictitious or fraudulent