

Oil Cons.
N.M. Div. Dist. 2
SUBMIT IN TRIPLICATE *
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
1081 W. Grand Avenue
Artesia, NM 88210

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

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| 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.) | | 5. LEASE DESIGNATION AND SERIAL NO. NM-098122 | |
| 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 Skelly Unit | |
| 3. ADDRESS OF OPERATOR P.O. Box 2568 Hobbs, New Mexico 88241 | | 8. API WELL NO. 30-015-28964 | |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1340' FNL & 120' FEL Unit H | | 9. WELL NO. 223 | |
| 14. PERMIT NO | | 10. FIELD AND POOL, OR WILDCAT Grayburg Jackson 7-Rivers QN GB SA | |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3832' | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 21-T17S-R31E | |
| 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: | | 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>Re-perf. & acidize</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.) *

12/05/03 MIRU Eunice Well Service. POH w/rods & pump. ND WH. RU BOP. RIH w/extra 2-7/8" tbg. Tag fill @ 3465'. POH w/2-7/8" tbg.

12/06/03 RU reverse unit. RIH w/4-3/4" cone bit on 2-7/8" tbg. to 3465'. Clean out to 3600'. Circulate hole clean. RU Computalog WL & perforate f/3158'-61',99'-3204', 20',21',32'-38',96'-99',3304'-06',10'-18',42'-46',54'-56',97'-3400',3404'-06',13'-15',36'-40',3545' & 51' w/4 SPF. RD WL.

12/09/03 RIH w/5-1/2" RBP & pkr. on 2-7/8" tbg. to 3570'. Set plug. Test tbg. & plug to 4000#. Held ok. Set pkr. @ 3370'. Pickle tbg. w/200 gals. 15% HCL acid. Pressure test formation w/water. Communicated to backside. Move pkr. to 3100' & set. Acidize 3158'-3556' w/5000 gals. 15% HCL acid w/anti-sludge & iron control using 4300# rock salt. Max. block 170#. Max. break 116# ATP 2220# @ 4.7 bpm. MTP 2440# @ 4.8 bpm. ISIP 2020#. 5 min. 1812#. 10 min. 1745#. 15 min. 1690#. Flush w/30 bbls. RD Cudd. 30 min. S.I. 1500#. POH w/2-7/8" tbg. LD tools. Left to flowline.

12/10/03 RIH w/2-7/8" tbg. Tbg. @ 3415'. SN @ 3380'. RD BOP. NU WH. RIH w/rods & 1-1/2" x 20' pump. Left well pumping to Battery "A". RDMO.

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

SIGNED Mary Jo Turner TITLE Production Tech II DATE March 30, 2004

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instruction On Reverse Side

