

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate to the Budget Bureau No. 1004-0135
(Other Instructions on reverse side) Expires August 31, 1985

Oil Cons. N.M. Div-Dist. 2
1301 W. Grand Avenue
Artesia, NM 88210
N.M. 95123

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"/>		7. UNIT AGREEMENT NAME Skelly Unit	
2. NAME OF OPERATOR The Wiser Oil Company		8. WELL NO. 13	
3. ADDRESS OF OPERATOR P.O. Box 2568 Hobbs, New Mexico 88241		9. API WELL NO. 30-015-05338-05323	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FSL & 1980' FWL Unit K		10. FIELD AND POOL, OR WILDCAT Fren Seven Rivers	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 21-T17S-R31E	
14. PERMIT NO	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3812' DF	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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Acidize and return to production</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.)

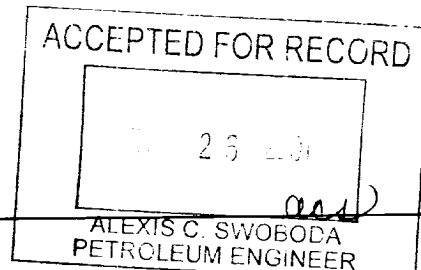
8/17/01 MIRU Tyler Well Service. RIH w/4-3/4" bit & scraper on 2-3/8" tbg. Tagged fill @ 2167'. TOH w/bit, scraper & 2-3/8" tbg.

8/13/01 RIH w/4-3/4" cone bit, 4-1/2" bull dog bailer & 2-3/8" tbg. Tagged fill @ 2164'. Bailed out to 2170'. Tagged metal. Could not make hole. POH w/2-3/8" tbg. LD tools. RIH w/5-1/2" AD-1 pkr. & 2-3/8" tbg. to 2162'. Spotted 110 gals. scale converter. Pulled to 2050' & set pkr.

8/14/01 RU swab. FL 600'. FFL @ SN 2050'. RD swab. RU Cudd Pressure Services. Acidized Seven Rivers 2115'-2170' w/2500 gals. 15% NE-FE acid w/2500# rock salt Best block 600#. Best break 500#. ATP 1880# @ 3.8 bpm. MTP 2160# @ 4.0 bpm. Flushed w/15 bbls. fresh water. ISIP 1370#. 5 min. 1350#. 10 min. 1340#. 15 min. 1320#. RD Cudd. 1 hr SI 1000#. RU swab. FL @ surface. FFL 2200'. POH w/2-3/8" tbg. LD pkr. RIH w/2-3/8" tbg. Tbg. @ 2150'. SN @ 2120'. RD BOP. NU WH.

8/15/01 RIH w/rods & 1-1/2" x 16' pump. Hung well on. Waiting on electricity. RDMO.

8/17/01 Connected electricity. Left well pumping to Battery.



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

SIGNED Mary Jo Turner

TITLE Production Tech II

DATE September 30, 2001

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instruction On Reverse Side