

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE \*  
(Other Instructions on  
reverse side)

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

C/SF

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"/>	5. LEASE DESIGNATION AND SERIAL NO. LC-029418-B
2. NAME OF OPERATOR The Wiser Oil Company	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 2568 Hobbs, New Mexico 88241	7. AGREEMENT NAME Skelly Unit
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	8. WELL NAME AND NO. 70
	9. API WELL NO. 30-015-05365
	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. 23-T17S-R31E
14. PERMIT NO	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3881' 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:

TEST WATER SHUT OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other)	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT * <input type="checkbox"/>
(Other) TA	
(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.)

08/01/97 MIRU Dawson Well Service. RIH w/2-3/8" notched collar, SN & 2-3/8" tbg. Tagged at 3374'. Pulled to 3100'. RU swab. Swabbed 66 bbls. water - 0% oil.

08/04/97 POH w/tbg. RIH w/3-7/8" bit to 3374'. POH. RIH w/4-1/2" CIBP and set at 3250'. RU kill truck. Circulated 125 bbls. pkr. fluid. Tested csg. to 600# for 15 min. Held ok. POH. ND BOP's. Dumped 15 sks. sand. Top of sand @ 3150'. Flanged up WH.

APPROVED FOR 12 MONTH PERIOD  
ENDING 8-26-00

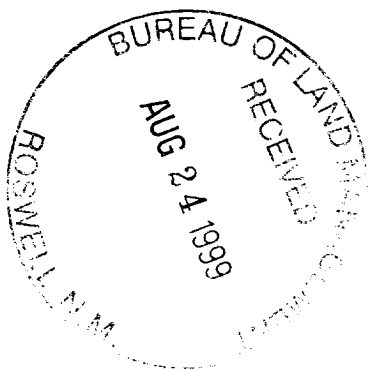
18. I hereby certify that the foregoing is true and correct.

SIGNED Mary Jo Turner TITLE Completion Department DATE June 25, 1999

(This space for Federal or State office use)  
APPROVED BY CRAIG SGT GARY GOURLEY TITLE PETROLEUM ENGINEER DATE AUG 26 1999  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instruction On Reverse Side

1969



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DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE \*  
(Other Instructions on  
reverse side)

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

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"/>		N.M. Oil Cons. Division 811 S. 1st Street Artesia, NM 88210-2834		5. LEASE DESIGNATION AND SERIAL NO. LC-029418-B
2. NAME OF OPERATOR The Wiser Oil Company				6. IF INDIAN, ALLOTTEE OR TRIBE NAME
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14. PERMIT NO	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3881' 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:

TEST WATER SHUT OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>

(Other) Casing Leak

(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.)

06/10/99 MIRU Pool Well Service. ND WH. NU BOP's. RIH w/1 jt. tbg., R-4 pkr. & 99 jts. 2-3/8" IPC J-55 tbg. Set pkr. @ 3080'. Tested csg. to 300#. Held ok. Released pkr. Circulated 120 bbls. pkr. fluid. ND BOP's & old WH. NU new WH. Set pkr. @ 3080'. Well started flowing out csg. Couldn't pump into annulus. Pressured to 900#. Bled down to 650# in 15 min. then held 600#.

06/14/99 Released pkr. & POH. Found hole in csg. between 1340'-1357'. Pumped into w/1300# at .10 BPM. Did not break circulation around surface csg. Finished pulling out of hole. NU BOP's.

06/15/99 Ran CBL-CCL-GR log f/3122'-1622'. Found top of cmt. at 2075'. Shot 2 holes @ 2065'. Pressured up csg. to 1000#. Bled off. Pumped 15 bbls. down 10 3/4 - 7" annulus. Csg. would not load. RIH w/pkr. & 64 jts. 2-3/8" tbg. Set pkr. @ 1996'. Circulated between hole at 1340' and perf. holes @ 2065'. Released pkr.. Pulled up 1277'. Pressured up 7" and 2-3/8" tbg. to 750#. Put 35 bbls. water down annulus csg. Did not load. Pressure fell on 7" csg. to 300#. Blew another hole in 7". Released pkr. Pulled to 1095'. Pressured up backside to 500#. Pumped down tbg. Would not circulate. Released pkr. & POH.

06/16/99 RIH w/64 jts. 2-3/8" tbg. POH & LD. RIH w/98 jts. 2-3/8" IPC tbg. POH & LD. RDMO. Waiting on AFE.

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

SIGNED Mary Jo Turner

TITLE Completion Department

DATE June 28, 1999

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instruction On Reverse Side

