

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

Budget Bureau No. 1004-013  
Expires August 31, 1985

CSF

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> WIW		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. UNIT 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:

SUBSEQUENT REPORT OF:

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) <input type="checkbox"/>	

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) <u>Return to injection</u>	
(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.) \*  
(Continued)

06/23/00 MIRU Key WS. RIH w/AD-1 pkr. & 105 jts. 2-3/8" IPC tbg. Set pkr. @ 3255'.

08/09/00 MIRU Tyler WS. Released pkr. ND WH. NU BOP's. POH w/2-3/8" IPC tbg.

08/10/00 RU Computalog & perforated Grayburg f/3386; 87', 90', 91', 95', 3403', 31', 78', 80', 81', 3508'-11', 89', 90', 91', 95', 97' & Vacuum f/3626', 27' & 31'-35' w/2 SPF (52 holes). RD WL. RIH w/4-1/2" RBP & pkr. Set RBP @ 3682'. Set pkr. @ 3191'. RU Hughes & acidized Grayburg-San Andres perms. 3288'-3660' w/15% I.S.A. acid & 3500# rock salt. Had little block action. ATP 2450# @ 4.3 bpm. MTP 3000# @ 4.5 bpm. ISIP 1950#. 5 min. 1880#. 10 min. 1930#. 15 min. 1800#. RD Hughes. RU flowline to frac tank.

08/11/00 Released pkr. RIH & washed salt off RBP. Released RBP & POH. RIH w/AD-1 pkr. & 101 jts. 2-3/8" IPC tbg. Set pkr. @ 3191'. Tested csg. Held ok. Released pkr. ND BOP's. Circulated pkr. fluid. Set pkr. w/18,000# tension.

09/10/00 Injecting 9:00 a.m. 200 BWPD @ 1300#.

04/10/01 Ran MIT test.

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

SIGNED Mary Jo Turner TITLE Production Tech II DATE April 12, 2001

(This space for Federal or State office use)

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

\*See Instruction On Reverse Side

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



