

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

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 type="checkbox"/> WIW		5. LEASE DESIGNATION AND SERIAL NO. NM-98120	
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 & 1980' FWL Unit K		8. API WELL NO. 30-015-05372	
		9. WELL NO. 72	
		10. FIELD AND POOL, OR WI 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.) 3873' DF	12. COUNTY OR PARISH Eddy	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) <input type="checkbox"/>	

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) <u>Casing Leak</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)

08/23/00 Drilled f/683' to 776' & fell out of cement. RIH to 831'. Washed sand to 846'. Circulated clean. POH & LD collars. Tested csg. to 500#. Lost 12# in 15 minutes.

08/28/00 Notified OCD of intent to test at 1:00 p.m. Tested csg. to 360#. Pressure drop 30# in 30 minutes. State did not witness.

08/30/00 RU Pro Wireline. Pulled blanking plug. RU Hughes Services & acidized Grayburg Vacuum perms. 3258'-3607' w/4000 gals. 15% I.S.A. acid & 4250# rock salt. Little block action. ATP 2800# @ 3.2 bpm. MTP 3200# @ 3.3 bpm. ISIP 2600#. 5 min. 2600#. 10 min. 2600#. 15 min. 2600#. RD Hughes. RU WH.

04/12/01 Injection rate 200 BWPD @ 950#.

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

SIGNED Mary Jo Turner TITLE Production Tech II DATE April 9, 2001

(This space for Federal or State office use)

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

*See Instruction On Reverse Side