

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. LC-029418-A	
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 88240 (505) 392-9897		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  560' FNL & 1980' FEL Unit B		8. WELL NO. 38	
		9. API Well No. 30-015-10770	
		10. FIELD AND POOL, OR WILDCAT Grayburg Jackson Seven 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.) 3883' GR	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) <u>Temporary Abandon</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.)

12/20/00 MIRU Tyler Well Service. Release pkr. & NU BOP's. POH w/2-3/8" IPC tbg. & AD-1 pkr. RU Computalog WL. Set CIBP @ 1890' & shot 4 holes @ 1800'. Pump into perfs. @ 750# w/2 bpm. RIH w/retainer & set @ 1740'. Halliburton squeezed perfs. @ 1800' w/200 sks. Halliburton light w/6# salt & 50 sks. Class "C" w/2% CaCl. Final pressure 1016#. POH w/tbg. Flow stopped for 30 min. & returned.

12/21/00 RU Computalog WL. Ran temperature survey f/surface to 1700'. Found top of cement @ 1120'. Shot 4 holes @ 1090'. RD WL. Circulate hole with full returns. RIH w/ 2-3/8" tbg. LD tbg. ND BOP's & WH. RDMO. RU BJ Services. Squeezed holes @ 1090' with 300 sks. 65-35 POZ w/6# salt & 50 sks. Class "C" w/2% CaCl. Did not circulate cement.

12/22/00 Ran temperature survey f/surface to 950'. Found top of cement @ 660'. RU Computalog & shot 4 holes @ 630'.

12/23/00 RU BJ Services. Cement perfs. @ 630' w/250 sks. Class "C" neat. Circulate cement out the outside of the 8-5/8" & inside 8-5/8" casing. Displaced cement to 600'. Circulate 50 sks. to pit. Flow stopped.

12/30/00 RIH w/4-3/4" blade bit, bit sub & 6 3-1/2" DC's on 2-7/8" work string. Tag cement @ 590'. Drill to 610'. No water flow. POH & change to 4-3/4" cone bit. RIH w/bit, DC's & work string to 610'. Drilled to 640'. Fell out. Tag @ 982'. Drill out rubber plug. Drill cement to 1000'. Pull 1 stand. Circulate hole clean.

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

SIGNED Mary Jo Turner TITLE Production Tech II DATE October 25, 2001  
Mary Jo Turner

(This space for Federal or State office use)

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

\*See Instruction On Reverse Side

RECEIVED

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1. OIL ☐ WELL GAS ☐ WELL OTHER ☐ WIW

2. NAME OF OPERATOR

The Wiser Oil Company /

3. ADDRESS OF OPERATOR

P.O. Box 2568 Hobbs, New Mexico 88240 (505) 392-9797

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)

See also space 17 below.)  
At surface

560' FNL & 1980' FEL  
Unit B

5. LEASE DESIGNATION AND SERIAL NO.  
LC-029418-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME  
Skelly Unit

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38

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SURVEY OR AREA  
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14. PERMIT NO.

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3883' GR

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Eddy County

13. STATE  
NM

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PULL OR ALTER CASING ☐

FRACTURE TREAT ☐

MULTIPLE COMPLETE ☐

SHOOT OR ACIDIZE ☐

ABANDON\* ☐

REPAIR WELL ☐

CHANGE PLANS ☐

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

REPAIRING WELL ☐

FRACTURE TREATMENT ☐

ALTERING CASING ☐

SHOOTING OR ACIDIZING ☐

ABANDONMENT \* ☐

(Other) Temporary Abandon

(Note: Report results of multiple completion on Well  
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01/01/01 Tag cement @ 1000'. Drilled out to 1120'. Fell out. Tag @ 1735'. Circulate hole clean. POH w/work string & tools. RU Computalog WL. Ran cement bond log @ 1735' to surface. Top of cement @ surface. RD WL.

11/30/01 Test casing to 500 PSI. (Copy of pressure chart attached, original to NMOCD). Test performed/witnessed by Nick Jimenez with Gandy Corporation.

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

SIGNED Mary Jo Turner  
Mary Jo Turner

TITLE Production Tech II

DATE October 25, 2001

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instruction On Reverse Side

