

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT TO: NM O. & G. Div. No. 1004-0135
(Other Instructions on back of form)
Expires August 31, 1985

811 S. 1st Street
Artesia, NM 88210-2834

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"/> 2001 FEB 28 P 1:00		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Skelly Unit	
2. NAME OF OPERATOR The Wiser Oil Company		7. UNIT AGREEMENT NAME Skelly Unit	
3. ADDRESS OF OPERATOR P.O. Box 2568 Hobbs, New Mexico 88241		8. WELL NAME AND NO. 118	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1880' FSL & 660' FEL Unit I		9. API WELL NO. 30-015-22252	
14. PERMIT NO		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3841' 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) TA <input checked="" type="checkbox"/>	
(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.) *

01/23/98 MIRU Pool Well Service. LD rods. POH w/2-3/8" tbg. RIH w/5-1/2" CIBP and set @ 2236'. Pumped pkr. fluid.
LD tbg. RD. Well is TA. Final report.

02/02/01 Ran chart. Well is TA.

Lara
2001

RECEIVED
2001 FEB 27 A 9:35

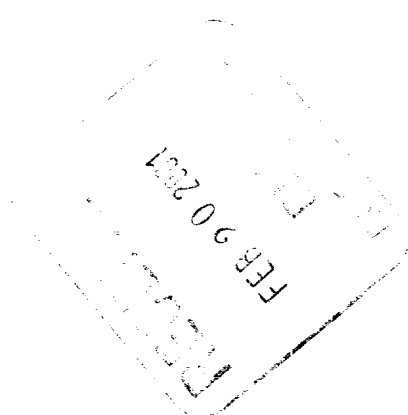
18. I hereby certify that the foregoing is true and correct.

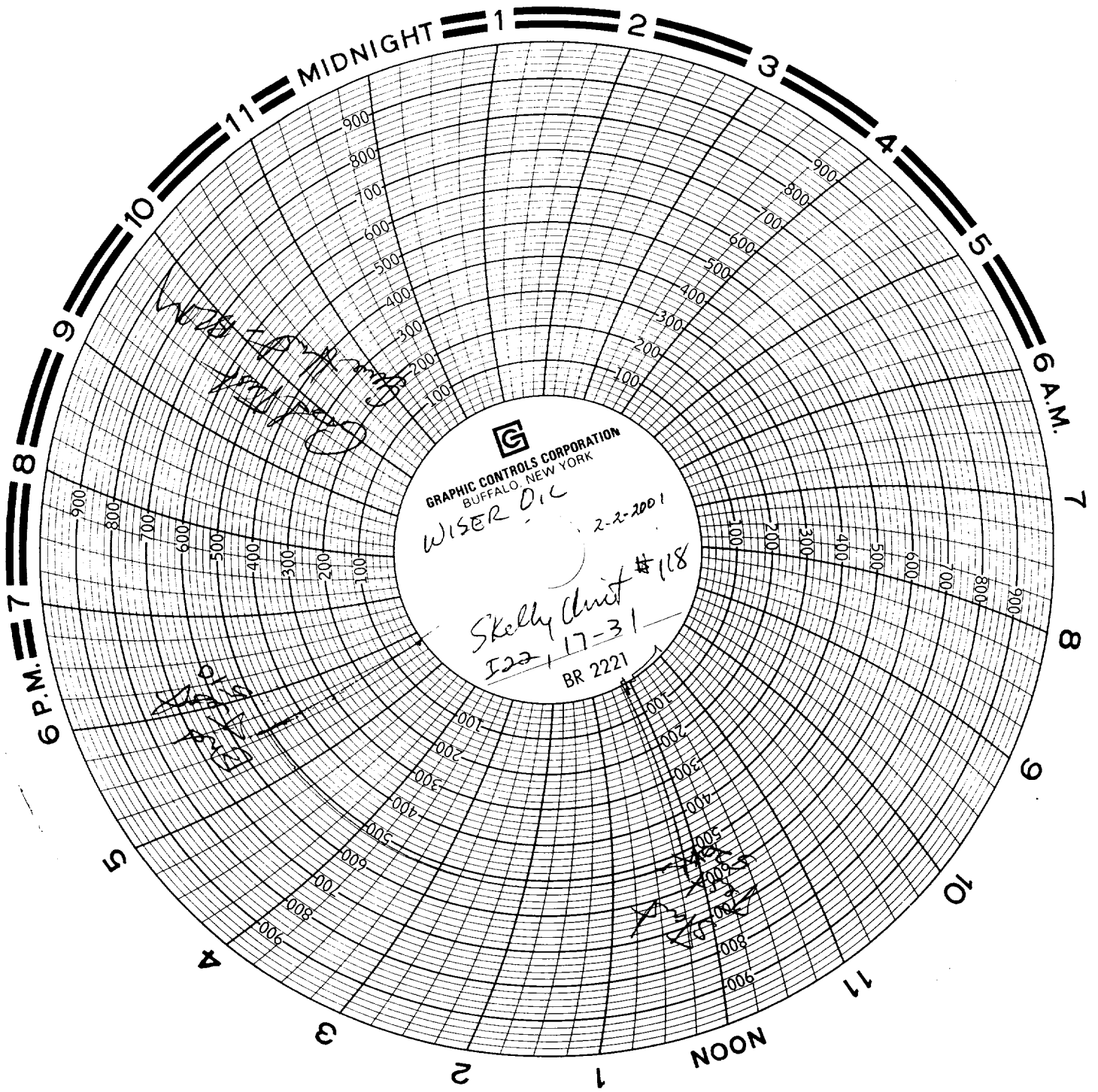
SIGNED Mary Jo Turner TITLE Completion Department DATE July 20, 1999

(This space for Federal or State office use)

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

*See Instruction On Reverse Side





RECEIVED
OOD ARTESIA

2001 FEB 28 PM 1:00