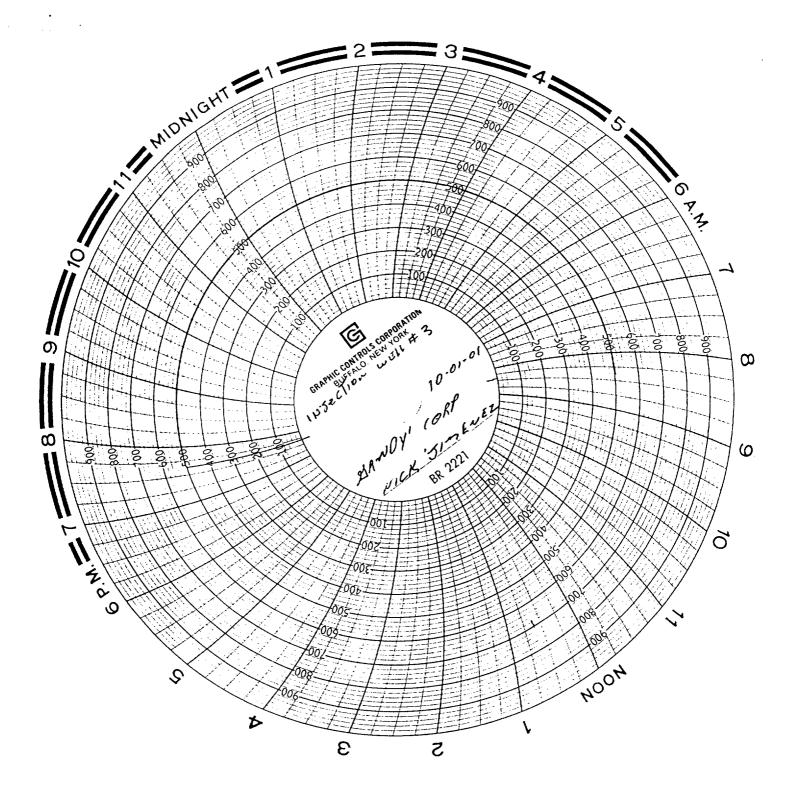
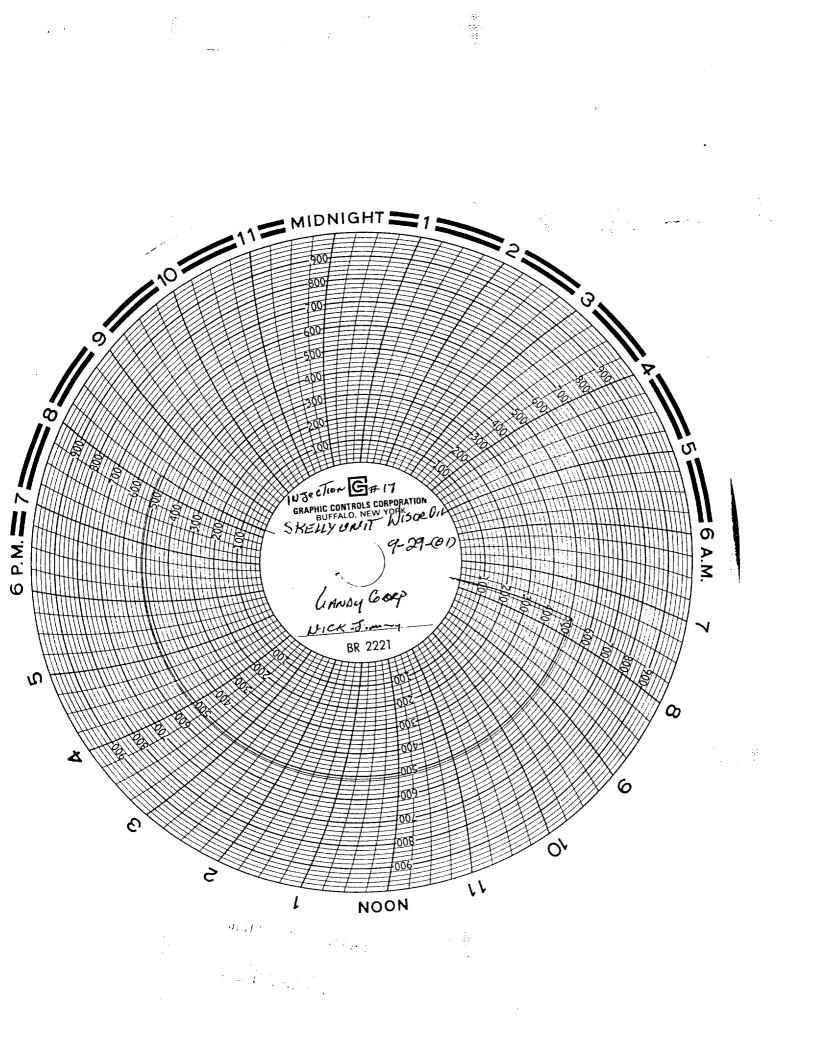
Form 3160-5 (<u>November</u> ,1983) (Formerly 9-331)	DEPART	JNITED STATES MENT OF THE INTE J OF LAND MANAGEMI		SUBMIT IN TRIPLICATE (Other Instructions on reverse side)	E	EPATOR'S COF xpires August 31, 1985	
						designation and se 9419-A	RIAL NO.
	use this form for pr	TICES AND REPOR oposals to drill or to deepen or pl ICATION FOR PERMIT - " for s	ug back to a di	ifferent reservoir.		AN, ALLOTTEE OR TRI	BENAME
	GAS WELL	OTHER TA				greement name y Unit	
2. NAME OF OPE The Wiser C					8. WELL N 3	Ю.	
3. ADDRESS OF C	PERATOR	w Mexico 88240 (505)	392-9797		9. API WEI 30-01	LL NO. 5-05347	
	WELL (Report loca	ation clearly and in accordance w		equirements.*	10. FIELD Graybu	AND POOL, OR WILDC rg Jackson 7-Rivers-QN-4	GB-SA???
660' FNL & 66 Unit D	0' FWL				SURVI	, r., m., or blk. and ey or area . 22-T17S-R31E	
14. PERMIT NO.		15. ELEVATIONS (Show what 3852' DF	ether DF, RT,	GR, etc.)		ry or parish Idy County	13. STATE NM
16.	Chec	k Appropriate Box to indic	ate Nature o	of Notice, Report, or Oth			
	NOTICE OF IN	TENTION TO:		SUE	BSEQUENT F	REPORT OF:	
TEST WATER SHU		PULL OR ALTER CASING		WATER SHUT-OFF		REPAIRING WELL	
FRACTURE TREA	т	MULTIPLE COMPLETE		FRACTURE TREATMENT		ALTERING CASING	
SHOOT OR ACIDI		ABANDON*		SHOOTING OR ACIDIZING	;	ABANDONMENT *	
REPAIR WELL		CHANGE PLANS		(Other) (Note: Report re	sults of multi	ple completion on Well	
(Other) Plug & Al		TED OPERATIONS: (Clearly st	tate all pertiner			n Report and Log form.) g estimated date of startin	g any
proposed work.	If well is directiona	lly drilled, give subsurface locativel by the procedure listed below.					
	w/Cen	ent Circulated		tCirculated			
SURFACE CASING: 13	tag cmt. @ CIBP 21	production casing: 9-5/8" @ 3 50°W/35'CCMCNTON		S: 2224'-3746'	v		
Circulate aban	donment mud to sui & set 🛩 plug. SI	^{face.} F/ 1500-1600 ⁱ	7	Tan Galt	569:		
5. POH to 600' 8 6. Tag cmt plug.	c set # plug. Ed	=/500-600'		Top Salt Base Salt	1560'		
 Set 50' cmt. pl 8. Install dry hold 9. Clean location 		^{5.50}			•	:	
Set 100'1	°iug F/150	250'			- 11	DIVISION September 8, 200	
18. I hereby certify that	the foregoing is tru	e and correct.		-0V	ATION		
SIGNED	M for	UN TITLE Produ	uction Tecl	II CONSER	DATE	Sept. 1 per 28, 200	r1
(This space for Feder		ΈD		OIL CONSEL OIL NUMBE	TB	TT	<u></u>
APPROVED BY	AND ALLAND	TITLE	····	CASE	DATE		⁻
	OCT 5 20	*See In:	struction On				
Title 18 U.S.C. Section fraudulent statements of	BAVIDER GLA	me for any person knowingly and any matter within its jurisdiction	d willfully to n on.	nake to any department or age	ncy of the Un	ited States any false, ficti	tious or
						APPROVA	

(November 1983) (Formerly 9-331) DEPARTI	JNITEL FATES MENT OF THE INTERIOR J OF LAND MANAGEMENT	SUBMIT IN TRIPLICA (Other Instructions on reverse side)	S. LEASE DESIGNATION AND SERIAL NO.
			LC-029419-A
(Do not use this form for pro	FICES AND REPORTS ON opposals to drill or to deepen or plug back to CATION FOR PERMIT - " for such propo	a different reservoir.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
1. OIL GAS WELL	OTHER TA		7. UNIT AGREEMENT NAME Skelly Unit
2. NAME OF OPERATOR The Wiser Oil Company		- <u> </u>	8. WELL NO. 3
3. ADDRESS OF OPERATOR	w Mexico 88240 (505) 392-97 [,]	97	9. API WELL NO. 30-015-05347
4. LOCATION OF WELL (Report loca See also space 17 below.)	tion clearly and in accordance with any Sta		10. FIELD AND POOL, OR WILDCAT Grayburg Jackson Fren 7-Rivers
At surface 660' FNL & 660' FWL Unit D			11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 22-T17S-R31E
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, 3852' DF	RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE
6. Checl	Appropriate Box to indicate Natu	re of Notice, Report, or Ot	
NOTICE OF IN			BSEQUENT REPORT OF:
TEST WATER SHUT OFF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZIN	G ABANDONMENT *
(Other)	CHANGE PLANS	• •	results of multiple completion on Well Recompletion Report and Log form.)
7. DESCRIBE PROPOSED OR COMPLE	TED OPERATIONS: (Clearly state all per ly drilled, give subsurface locations and m BOP. Stung out of 9-5/8" Otis dual ptr. POH w/2-3/	tinent details, and give pertinent	dates, including estimated date of starting any for all markers and zones pertinent to this work.)
	2-3/8" IPC tbg., Otis dual pkr., 2-3/8" subs & 5 jts.		-
9/12/01 LD subs & 68 1/2 jts. 2-3/8" tbg. Tbg. par	ted - Body break jt. above 9-5/8" Otis dual pkr.		
-	b, 3-3/4" Bowen jars, DC's & 62 jts. 2-3/8" work stri		
	. 2-3/8" work string. POH & lost fish to bottom. Co 5 jus. 2-3/8" work string. Top of pkr. @ 2225". Top (
	ild not overcome water flow. Stood tbg. back. Conn		
9/18/01 RIH w/2-3/8" work string. Tagged Otis 9 nipple up WH. RU BOP. Left flowing to	-5/8" pkr. @ 2225'. LD 71 jts. 2-3/8" work string. F Battery "A". RDMO.	CIH w/72 jts. 2-3/8" IPC tbg. POH. LD	72 jts. 2-3/8" tbg. RD BOP. Could not
9/25/01 MIRU Key Well Service. RU Computato	g WL & RIH w/9-5/8" CIBP. Set plug @ 2150'. RI	WL. RD BOP. NU WH. RDMO. We	ell is TA. Will circulate pkr. fluid & pressure test at a later date.
•		e @ 2150°. Circulated 180 bbls. pkr. fluid	d. Ran casing test to 500#. Blew collar off WH. POH w/2-3/8" th
LD collar. RDMO. 10/01/01 Test casing to 500 PS1 for 30 minutes. (C	opy of pressure chart attached, original to NMOCD).	Performed/witnessed by Nick Jimenez	w/Gandy Corporation.
. I hereby certify that the foregoing is true			
SIGNED Mary On Turning	TITLE Production 1	Cech II ACCEPTEI	DATE <u>Scptembe</u> r 29, 2001 D FOR RECORD
This space for Federal or State office use)	<u> </u>	
APPROVED BY CONDITIONS OF APPROVAL, IF ANY	TITLE		2°4 ^{TE} 2001
	*See Instruction	On Reverse Side ALEXIS	
itle 18 U.S.C. Section 1001, makes it a cria audulent statements or representations as t	me for any person knowingly and willfully	PETROLE	EUM ENGINEER ency of the United States any false, fictitious or



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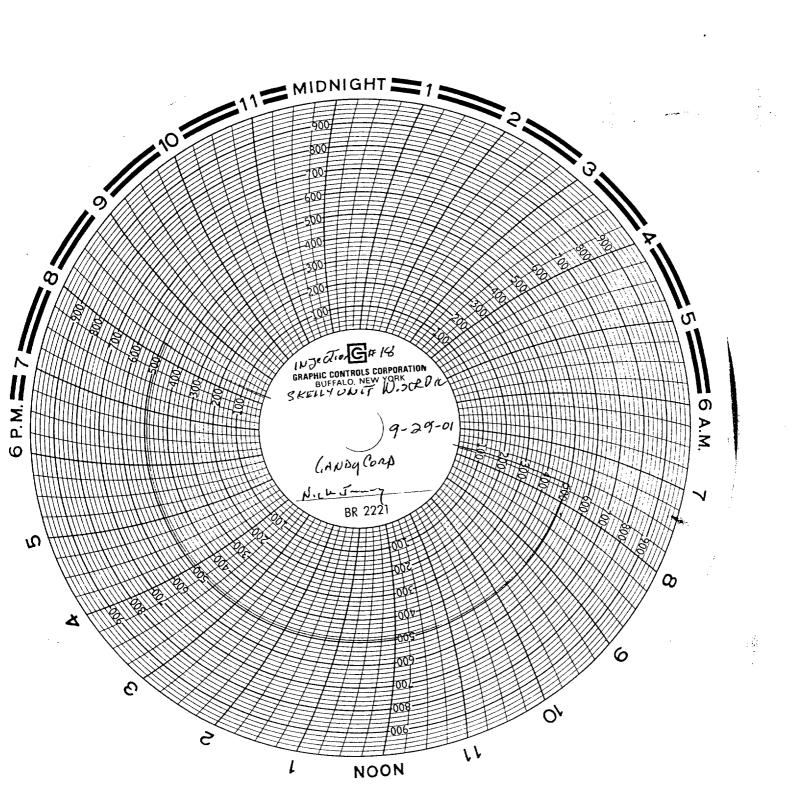
Form 3160-5 (November 1983) (Formerly 9-331)	DEPARTN	NITEL STATES IENT OF THE INTERIOR OF LAND MANAGEMENT	SUBMIT IN TRIPLICATE (Other Instructions on reverse side)	 Budget Bureau No. 1004-0135 Expires August 31, 1985 5. LEASE DESIGNATION AND SERIAL NO. LC-029420-A
	use this form for prop	ICES AND REPORTS OI posals to drill or to deepen or plug back to a	a different reservoir.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
I. OIL WELL		CATION FOR PERMIT - " for such propos OTHER WIW	ials.)	7. UNIT AGREEMENT NAME Skelly Unit
2. NAME OF OPER. The Wiser Of	il Company			8. WELL NO. 17
3. ADDRESS OF OF P O Box 256		v Mexico 88240 (505) 392-97	97	9. API Well No. 30-015-05153
4. LOCATION OF W See also space 17	ELL (Report locatio	n clearly and in accordance with any State		10. FIELD AND POOL, OR WILDCAT Grayburg Jackson 7-Rivers-QN-GB-SA
At surface 660' FNL & 1930 Unit B)' FEL			11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 15-T17S-R31E
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, I 3902' DF	RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE Eddy County NM
16.	Check A	ppropriate Box to indicate Natur	e of Notice, Report, or Othe	er Data
	NOTICE OF INT	ENTION TO:	ទហ	BSEQUENT REPORT OF:
TEST WATER SHUT	OFF	PULL OR ALTER CASING	WATER SHUT-OFF FRACTURE TREATMENT	REPAIRING WELL ALTERING CASING
SHOOT OR ACIDIZE		ABANDON*	SHOOTING OR ACIDIZING	
REPAIR WELL (Other)		CHANGE PLANS		f multiple completion on Well pletion Report and Log form.)
		ED OPERATIONS: (Clearly state all pertir rilled, give subsurface locations and measu	ent details, and give pertinent dates	, including estimated date of starting any
•••••THIS FORM IS IN RESPO				,
01/16/01 Return well t	o injection.		r	۱
-		essure chart attached, original to NMOCD).		ACCEPTED FOR RECORD
		<u></u>		
18. I hereby certify that the SIGNED	o Junney	TTTLE Production	Tech II	DATE September 29, 2001
(This space for Federal of	Turner (r State office use)			
APPROVED BY CONDITIONS OF APP		TTTLE		DATE
		*See Instruction	On Reverse Side	
Title 18 U.S.C. Section 10 statements or representatio			make to any department or agency o	of the United States any false, fictitious or fraudulent



Form 3160-5 "(November 1983) (Formerly 9-331) C	DEPARTN	INITEL TATES			BATON S		get Bureau No. 1004- xpires August 31, 19	0135 85
	BUREAU	OF LAND MANAGEME			,		DESIGNATION AND S	SERIAL NO.
	is form for prop	TCES AND REPOR posals to drill or to deepen or plu CATION FOR PERMIT - " for su	ug back to	o a different reservo	pir.		AN, ALLOTTEE OR TI	RIBE NAME
1 1	GAS	OTHER					greement name y Unit	
2. NAME OF OPERATO The Wiser Oil C						8. WELL N 18	10.	
3. ADDRESS OF OPER	ATOR					9. API Wel		
		v Mexico 88240 (505) : ion clearly and in accordance wi					5-05154 AND POOL, OR WILE	CAT
See also space 17 be At surface				ano requiremento.		Graybu	rg Jackson 7-Rivers-QN	N-GB-SA
660' FNL & 660' FW Unit D	<i>۱</i> ۲					SURV	., r., m., or blk. an ey or area . 15-T17S-R31E	D
I4. PERMIT NO.		15. ELEVATIONS (Show who 3886' DF				Ec	ry or parish Idy County	13. STATE NM
16.	Check	Appropriate Box to indica	ate Natu	ire of Notice, Re	eport, or Othe	er Data		
N	OTICE OF INT	ENTION TO:			SUB	SEQUENT F	REPORT OF:	
TEST WATER SHUT OF	F	PULL OR ALTER CASING		WATER SHU	T-OFF		REPAIRING WELI	· 🔲
FRACTURE TREAT		MULTIPLE COMPLETE	$\left - \right $	FRACTURE	TREATMENT		ALTERING CASIN	G
SHOOT OR ACIDIZE		ABANDON*		SHOOTING C	OR ACIDIZING		ABANDONMENT	
REPAIR WELL		CHANGE PLANS			Return Well			
(Other)							ple completion on Well Report and Log form.)	
		ED OPERATIONS: (Clearly sta y drilled, give subsurface locatio						
*****THIS FORM IS IN RESPONS	E TO NMOCD CASE	NO. 12733		N				
01/16/01 Return well to	injection.			ſ				
		f pressure chart attached, origina Jimenez with Gandy Corporatio		OCD).			RECORD	
						(ers 1	
				Ĺ	PETROL	S C. SWO EUM ENC	BODA GINEER	
18. I hereby certify that the fo	regoing is true	and correct.						
SIGNED There On THE		TITLE_Produ	ction T	Tech II		DATE	September 29, 20	01
(This space for Federal or St								
APPROVED BY CONDITIONS OF APPROV	AL, IF ANY:	TITLE		- 17		DATE		⁻
		*See Ins	truction	On Reverse Side	e			
Fitle 18 U.S.C. Section 1001,	makes it a crim	e for any person knowingly and	willfully	to make to any dep	partment or agen	cy of the Un	ited States any false, fic	titious or

Ittle 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 fraudulent statements or representations as to any matter within its jurisdiction.

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APPROVED BY CONDITIONS OF AP	PROVAL, IF AN	TITLE Y:			_ DATE		<u>.</u> _*
This space for Federal	or State office use	>)		<u> </u>	<u> </u>		
signed Mary	lo Turner	TTTLE Pro	duction T	ech II	_ DATE _	December 13,200	L
. I hereby certify that t		e and correct.					
and provide the fall							
-		future status of the Skelly Unit. A on im Amos - BLM 10/05/01, submitted		on is necessary to fully explore all o	ptions availab	le to Wiser at this time. Th	e casing
-	•	y Abandon status concerning the Ske	-			-	
7. DESCRIBE PROPO proposed work. If	SED OR COMPL well is directional	ETED OPERATIONS: (Clearly sta Ily drilled, give subsurface locations	and measured	nt details, and give pertinent dates, d and true vertical depths for all m	including esti arkers and zon	mated date of starting any nes pertinent to this work.)	•
REPAIR WELL		CHANGE PLANS		(Other) <u>Temporary Aba</u> (Note: Report results of Completion or Recomp	multiple com letion Report	pletion on Well and Log form.)	
SHOOT OR ACIDIZ		ABANDON*		SHOOTING OR ACIDIZING	•	ABANDONMENT *	
FRACTURE TREAT		MULTIPLE COMPLETE		FRACTURE TREATMENT	$\left - \right $	ALTERING CASING	
TEST WATER SHU	<u></u>	PULL OR ALTER CASING	\square	WATER SHUT-OFF	\square	REPAIRING WELL	\square
	NOTICE OF I	NTENTION TO:		SUB	SEQUENT R	EPORT OF:	
5.		k Appropriate Box to indica	te Nature	· •			
14. PERMIT NO		15. ELEVATIONS (Show wh 3875' DF			Eddy (Y OR PARISH County	13. STA NM
660' FNL & 188 Unit B	D' FEL				SURVE	Y OR AREA 2-T17S-R31E	
	WELL (Report loc	ation clearly and in accordance with	n any State rec	quirements.	Graybu	AND POOL, OR WILDC. rg Jackson 7-Rivers-Q , R., M., OR BLK. AND	
3. ADDRESS OF O P.O. Box 2		New Mexico 88241			9. API WEL 30-01	l no. 5-05356	
2. NAME OF OPER The Wiser O	il Company				8. WELL N 42	AME AND NO.	
1. OIL WELL	GAS WELL] OTHER WIW - TA			7. UNIT AC Skelly	REEMENT NAME Unit	
	t use this form for	PTICES AND REPOR proposals to drill or to deepen or plu LICATION FOR PERMIT - " for s	ig back to a di	ifferent reservoir.	o. IF INDIA	N, ALLOTTEE OR TRII	SE NAME
			TOON		LC-02	DESIGNATION AND SE 9419-A	
(November 1983) (Formerly 9-331)		TMENT OF THE INT		SUBMIT IN TRIPLICATE * (Other Instructions on reverse side)	Ex	et Bureau No. 1004-0 cpires August 31, 1985	i

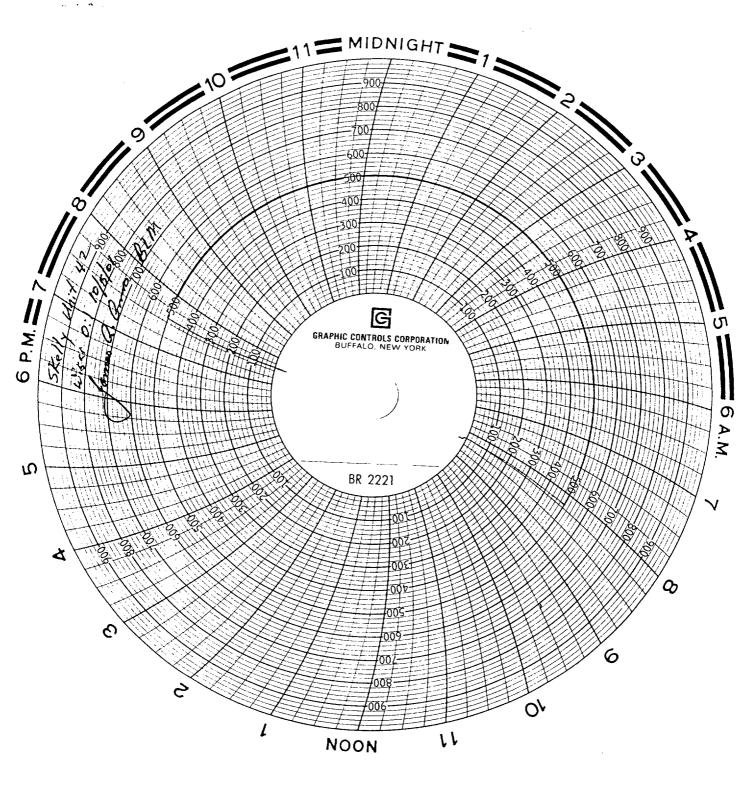
	an environ a	:

° v ∿o	L 2.	Ope	vator's Com	,	
Form 3160-5 (November 1983) (Formerly 9-331)	UNITED 3 DEPARTMENT OF	THE INTERIOR	SUBMIT IN TRIPLICATE * (Other Instructions on reverse side)	Budget Bureau No. 1004-0 Expires August 31, 198	
	BUREAU OF LAND	MANAGEMENT	,	5. LEASE DESIGNATION AND SI LC-029419-A	ERIAL NO.
SUN	DRY NOTICES AN	D REPORTS ON	I WELLS	6. IF INDIAN, ALLOTTEE OR TR	IBE NAME
	this form for proposals to drill or Use "APPLICATION FOR I	to deepen or plug back to a	different reservoir.		
1.	Use APPLICATION FOR F	EKMIT - TOT SUCH proposa		7. UNIT AGREEMENT NAME	
	AS OTHER	WIW		Skelly Unit	
2. NAME OF OPERATO				8. WELL NO. 42	
The Wiser Oil C				42 9. API WELL NO.	· · · · ·
	Hobbs, New Mexico 8	8240 (505) 392-979	97	30-015-05356	
4. LOCATION OF WEL	L (Report location clearly and in			10. FIELD AND POOL, OR WILDO	
See also space 17 bel At surface	ow.)			Grayburg Jackson 7-Rivers-QN-	GB-SA
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA	
660' FNL & 1880' F Unit B	EL			Sec. 22-T17S-R31E	
14. PERMIT NO.	1	IONS (Show whether DF, R' 75' DF	T, GR, etc.)	12. COUNTY OR PARISH	13. STATE
16.			of Notice, Report, or Othe	Eddy County	NM
10.			_		
N	OTICE OF INTENTION TO:		SUB	SEQUENT REPORT OF:	
TEST WATER SHUT OF	F DULL OR A	TER CASING	WATER SHUT-OFF	REPAIRING WELL	
FRACTURE TREAT	MULTIPLE	COMPLETE	FRACTURE TREATMENT	ALTERING CASING	,
SHOOT OR ACIDIZE	ABANDON•		SHOOTING OR ACIDIZING	ABANDONMENT *	
REPAIR WELL	CHANGE PI		(Other) <u>Temporary Aba</u>	andon multiple completion on Well	an a
(Other)			Completion or Recomp	letion Report and Log form.)	
17. DESCRIBE PROPOSED proposed work. If well	OR COMPLETED OPERATIO is directionally drilled, give sub	NS: (Clearly state all pertine surface locations and measur	ent details, and give pertinent dates, ed and true vertical depths for all m	including estimated date of starting an arkers and zones pertinent to this work	y .)•
10/01/01 MIRU Key Well	Service. RUBOP. RIH w/4-1/2"	' AD-1 pkr. & 80 jts. 2-3/8" th	bg. to 2257'. Set pkr. Test csg. to 50	00#. POH w/2-3/8" tbg. LD pkr.	
10/02/01 RU Computatog	WL. RIH w/4-1/2" CIBP. Could	not pass 2300'. POH w/CIBF	P. RIH w/3-1/8" csg. guns. Could no	t pass 2300'. POH w/guns. RIH w/3-3/4	l" bit & 4-1/2"
cag. acraper on 2	3/8" tbg. to 2519'. Rough scrapi	ng action from 2300'-2400'. 1	POH w/tbg. LD tools. RIH w/4-1/2"	CIBP. Cound not pass 2300'. POH w/	CIBP. RIH w/3-
1/8" guns. Could	not pass 2300'. POH w/guns.				
10/03/01 RU Computalog	WL. RIH w/4-1/2" CIBP to 2100	'. Set CIBP. Spotted 2 sks. c	coment on plug. RD WL. RIH w/2-3/	/8" tbg. to 2075'. Circulated 50 bbls. pk	r. fluid.
Pressure tested c	sg. to 500#. Would not hold. Lea	king @ collar below WH. PC	0H & LD 2-3/8" tbg. RD BOP. NU	WHL RDMO.	
10/05/01 Repaired WH. 1	Ran csg. integrity chart. Witnesse	t by Jim Amos w/BLM. Well	ACCEPTED FO	R RFCORD	
Note to	o Operator	-	AUCEITEDIO		
Submit	o Operator justification status.		TÉC I O		
for TA	status.				
18. I hereby certify that the fo	regoing is true and correct.	······································	CARLSBAD, IVI	W MEXICU	
SIGNED Mary Or	Turney	TITLE Production	Tech II	October 9, 2001	· · · · · · · ·
Mary Jó Tái (This space for Federal or S					
	:		人名法卡姆特莱尔尔 法正规	100.00047670.e	
APPROVED BY CONDITIONS OF APPRC	VAL, IF ANY:	TITLE		DATE	
		*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.

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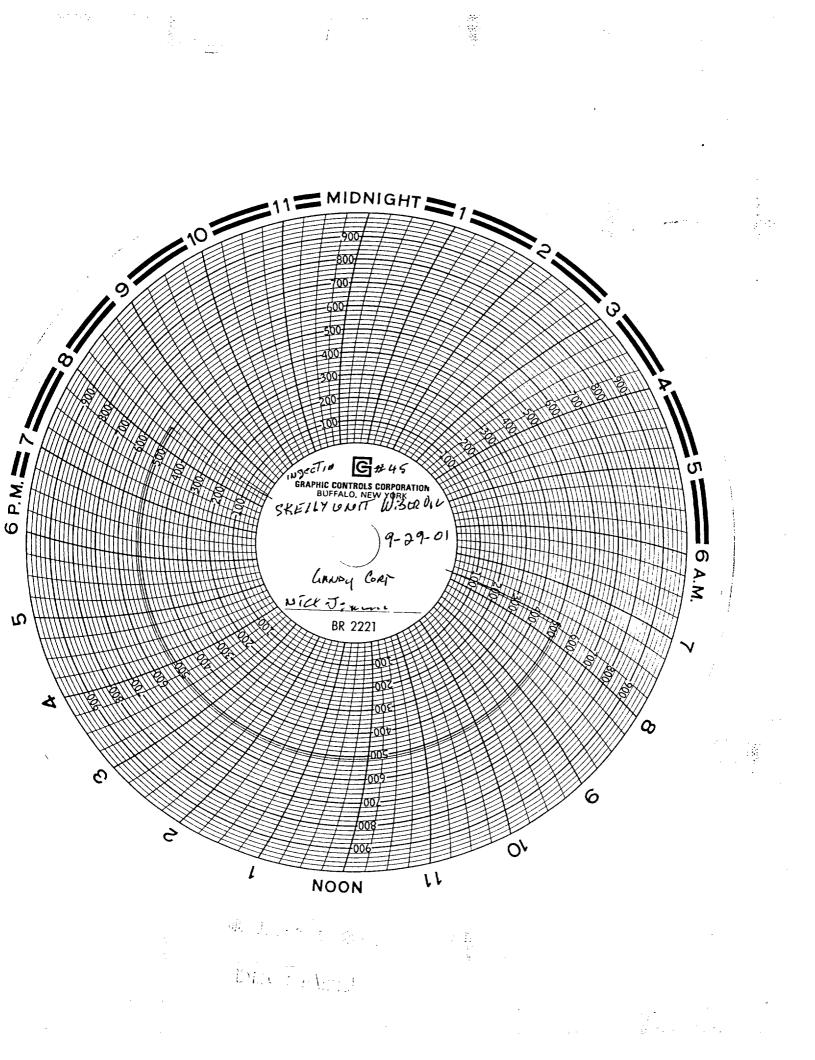
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(November 1983) (Formerly 9-331) DEPART	UNITEL TATES MENT OF THE INTERIOR U OF LAND MANAGEMENT	OFE SUBMIT IN TRIPLICA I C (Other Instructions on reverse side)	TOR'S COPY • Budget Bureau No. 1004-0 Expires August 31, 1985 5. LEASE DESIGNATION AND SE	; 	
			LC-029419-A 6. IF INDIAN, ALLOTTEE OR TRIBE NAME		
(Do not use this form for p	TICES AND REPORTS ON roposals to drill or to deepen or plug back to a	a different reservoir.	0. IF ENDIAN, ALLOTTEE OK TRI	BE NAME	
	ICATION FOR PERMIT - " for such propos	als.)	7. UNIT AGREEMENT NAME		
OIL GAS WELL WELL	OTHER WIW		Skelly Unit		
2. NAME OF OPERATOR			8. WELL NO.		
The Wiser Oil Company			42		
3. ADDRESS OF OPERATOR P.O. Box 2568 Hobbs N	ew Mexico 88240 (505) 392-97	97	9. API WELL NO. 30-015-05356		
	tion clearly and in accordance with any State		10. FIELD AND POOL, OR WILDC. Grayburg Jackson 7-Rivers-QN-C		
At surface			11. SEC., T., R., M., OR BLK. AND		
660' FNL & 1880' FEL Unit B			SURVEY OR AREA Sec. 22-T17S-R31E		
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, F	RT, GR, etc.)	12. COUNTY OR PARISH	13. STATE	
	3875' DF	Other	Eddy County	NM	
16. Check	Appropriate Box to indicate Natur	e of Notice, Report, of Othe	er Data		
NOTICE OF IN	TENTION TO:	SUI	BSEQUENT REPORT OF:		
TEST WATER SHUT OFF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL		
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING		
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	ABANDONMENT *		
REPAIR WELL	CHANGE PLANS	(Other) (Note: Report results of	f multiple completion on Well		
(Other) <u>Return well to injection</u>		· · · · · · · · · · · · · · · · · · ·	oletion Report and Log form.)		
proposed work. If well is directionally	TED OPERATIONS: (Clearly state all pertin y drilled, give subsurface locations and measu on by the procedure listed below. The intent will be	red and true vertical depths for all n	narkers and zones pertinent to this work.)	•	
1. MIRU. TIH w/pkr. & set @ 2250°.			·		
2. Pressure test the casing to 500#.					
3. If the casing holds POH w/pkr.					
4. TIH w/CIBP & set @ 2500'.					
5. Perforate 1/2178', 79', 89', 94', 98'-2200', 83',	85,95,2307,23,26,42,44,98 & 2400				
6. TIH w/pkr. & 2-3/8" IPC tbg.					
 Acidize w/2000 gals. acid w/rock salt as div Flow well back. 					
9. Place well on injection.					
18. I hereby certify that the foregoing is true	and correct.	· · · · · · · · · · · · · · · · · · ·			
SIGNED M. M.	TITLE Production	Superintendent	DATE <u>September 26, 200</u>	L	
(This space for Federal or State office use) APPROVED BY	Swobodious PETRO		OCT 2 4 200	01	
CONDITIONS OF APPROVAL, IF ANY		·			

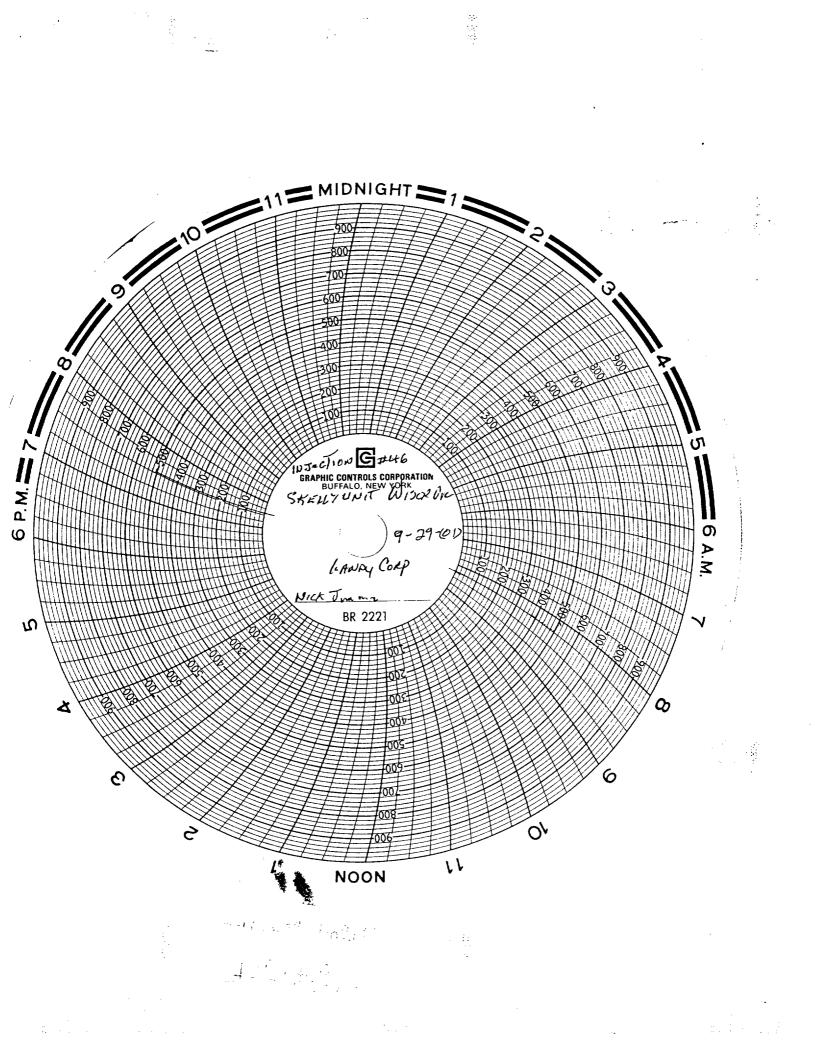
*See Instruction On Reverse Side

Form 3160-5 (November 1983) (Formerly 9-331)	DEPARTN	UNITEL TATES RTMENT OF THE INTERIOR EAU OF LAND MANAGEMENT		SUBMIT IN TRIPLICA (Other Instructions on OPERATOR'S CO	Expires August 31, 1985			
							29419-A	KIAL NO.
		oosals to drill o		ug back to a	different reservoir.	6. IF IND	IAN, ALLOTTEE OR TRIJ	BE NAME
	GAS WELL	OTHER	wiw		i		AGREEMENT NAME Ily Unit	
2. NAME OF OPERA The Wiser Oil						8. WELL 42	NO.	
3. ADDRESS OF OP P.O. Box 256		v Mexico 8	8240 (505)	397-9793	7	9. API WI	ell no. 15-05356	
4. LOCATION OF W See also space 17 At surface	ELL (Report locati					10. FIELD Grayt	O AND POOL, OR WILDC ourg Jackson Fren 7-Rivers	
660' FNL & 1880 Unit B	' FEL					SURV	t., r., m., or blk. and /ey or area c. 22-T17S-R31E	
14. PERMIT NO.			IONS (Show wh 75' DF	ether DF, R	F, GR, etc.)		ity or parish ddy County	13. STATE NM
16.	Check	Appropriate	Box to indic	ate Nature	of Notice, Report, or Oth			
	NOTICE OF INT	ENTION TO:			SUB	SEQUENT	REPORT OF:	
TEST WATER SHUT	OFF	PULL OR A	LTER CASING	\square	WATER SHUT-OFF		REPAIRING WELL	
FRACTURE TREAT		MULTIPLE	COMPLETE		FRACTURE TREATMENT		ALTERING CASING	
SHOOT OR ACIDIZE		ABANDON*			SHOOTING OR ACIDIZING	;	ABANDONMENT *	
REPAIR WELL	L]	CHANGE PI	LANS				tiple completion on Well	L]
(Other) 17. DESCRIBE PROPOSI	ED OR COMPLET	EDOPERATI	ONS: (Clearly st	ate all pertin	ent details, and give pertinent da		n Report and Log form.) ng estimated date of starting	g any
proposed work. If	well is directionally	y drilled, give s	ubsurface location	ons and meas	sured and true vertical depths fo	r all marker	s and zones pertinent to this	s work.) *
					rculated hole clean. Pulled to 2000'.			
-	& DC's. LD bit. RIH O. Well is SI pending (8" tbg. to 2518'. Dr	illed out to 252	6'. Water flow 4 bbis. per hour. LD 2-:	3/8" tbg., DC's	s & bit. RU BOP, NU WH. Left	well flowing
		ingmeeting study.			ACCEPTED FOR RE	CORD]	
					DOT 2 4 2001			
					L ALEXIC A ALE			
					PETROLEUM ENGINE	ER		
18. I hereby certify that the	e foregoing is true	and correct.						
SIGNED	Imru		TITLE Prod	uction Te	sch II	DATE	September 24, 200	1
(This space for Federal o	r State office use)					·		<u> </u>
APPROVED BY CONDITIONS OF APPI	ROVAL, IF ANY:		TITLE			DATE		
			· .	$\mathbf{f} = x_{\mathcal{F}}$				
			*See Ins	struction O	n Reverse Side			

	DEPART	UNITEL FATES MENT OF THE INTERIOR U OF LAND MANAGEMENT	SUBMIT IN TRIPLICA (Other Instructions on OPERATOR	Budget Bureau No. 1004-0135 Expires August 31, 1985 SCCEASE DESIGNATION AND SERIAL NO. LC-029419-A
	use this form for pr	TICES AND REPORTS ON oposals to drill or to deepen or plug back to	a different reservoir.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
I. OIL WELL	GAS WELL	ICATION FOR PERMIT - " for such propo OTHER WIW	<u>sais.) (</u>	7. UNIT AGREEMENT NAME Skelly Unit
2. NAME OF OPER The Wiser O		· · · · · · · · · · · · · · · · · · ·		8. WELL NO. 45
3. ADDRESS OF O			~~~	9. API Well No.
	WELL (Report loca	w Mexico 88240 (505) 392-979 ation clearly and in accordance with any Sta		30-015-05346 10. FIELD AND POOL, OR WILDCAT Grayburg Jackson 7-Rivers-QN-GB-SA
1980' FNL & 19 Unit G	980' FEL			11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 22-T17S-R31E
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, 3858' DF		12. COUNTY OR PARISH 13. STAT Eddy County NM
6.	Chec	k Appropriate Box to indicate Natu	re of Notice, Report, or O	ther Data
	NOTICE OF IN	TENTION TO:	su	JBSEQUENT REPORT OF:
TEST WATER SHU		PULL OR ALTER CASING	WATER SHUT-OFF	
FRACTURE TREAT	 	MULTIPLE COMPLETE	FRACTURE TREATMEN	T ALTERING CASING
SHOOT OR ACIDIZ	.E	ABANDON*	SHOOTING OR ACIDIZIN	NG ABANDONMENT *
REPAIR WELL		CHANGE PLANS	(Note: Report	ell to Injection results of multiple completion on Well
			inent details, and give pertinent	Recompletion Report and Log form.) dates, including estimated date of starting any for all markers and zones pertinent to this work.)*
				,
*****THIS FORM IS IN RE	ESPONSE TO NMOCD CA	SE NO. 12733		
••••••THIS FORM IS IN RE 04/11/01 Return we		ISE NO. 12733		
04/11/01 Return we 09/29/01 Test casing	ell to injection. g to 500 PSI (Copy	ISE NO. 12733 of pressure chart attached, original to NMC (Jimenez with Gandy Corporation)CD).	CEPTED FOR RECORD
04/11/01 Return we 09/29/01 Test casing	ell to injection. g to 500 PSI (Copy	of pressure chart attached, original to NMC	DCD).	
04/11/01 Return we 09/29/01 Test casing	ell to injection. g to 500 PSI (Copy	of pressure chart attached, original to NMC		CEPTED FOR RECORD
04/11/01 Return we 09/29/01 Test casing	ell to injection. g to 500 PSI (Copy d/witnessed by Nick	of pressure chart attached, original to NMC Imenez with Gandy Corporation		CEPTED FOR RECORD OCT 2 4 2001 ALEXIS C. SWOBODA
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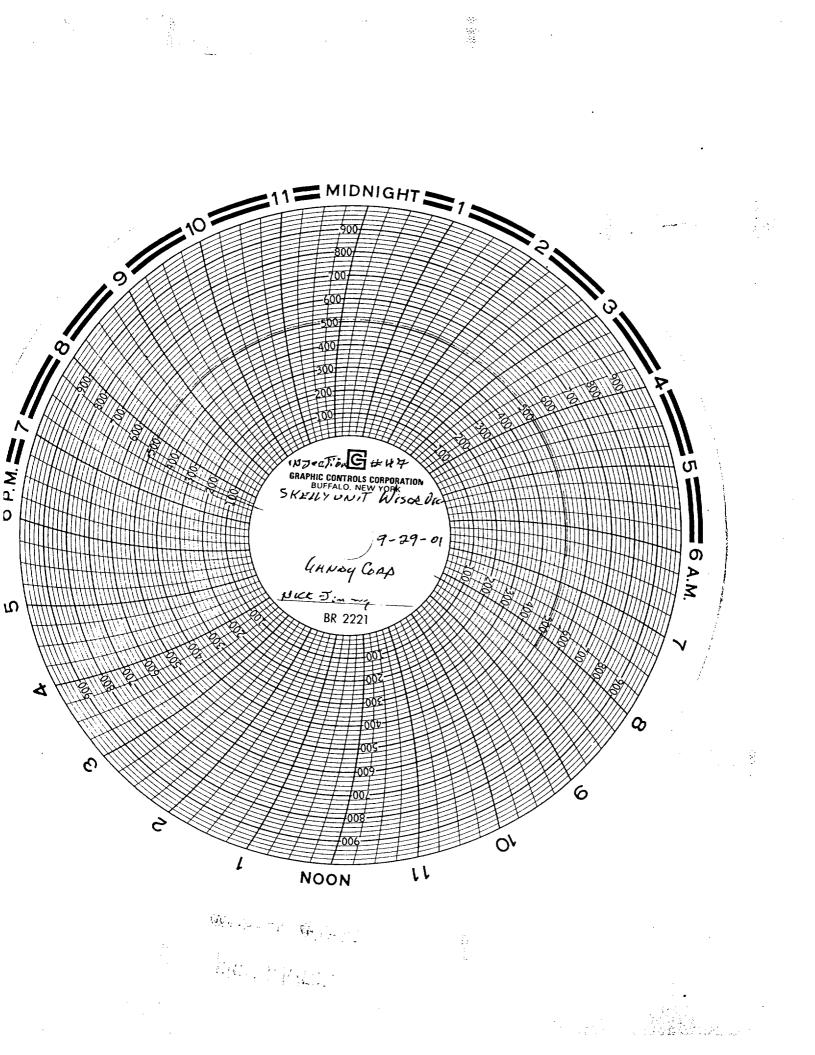


(i officially > 551)	UNITE: TATES RTMENT OF THE INTERIOI EAU OF LAND MANAGEMENT	C SUBMIT IN TROPE (Other Instructions of reverse side)	COR'SUCCEPY eau No. 1004-0 Expires August 31, 198:	5
DON			5. LEASE DESIGNATION AND SE LC-029418-B	ERIAL NO.
(Do not use this form fo	IOTICES AND REPORTS C or proposals to drill or to deepen or plug back	to a different reservoir.	6. IF INDIAN, ALLOTTEE OR TRI	IBE NAME
Use "Al	PPLICATION FOR PERMIT - " for such prop	osais.)	7. UNIT AGREEMENT NAME	
OIL GAS WELL	OTHER		Skelly Unit	
2. NAME OF OPERATOR The Wiser Oil Company	у		8. WELL NO. 46	
3. ADDRESS OF OPERATOR			9. API WELL NO.	
P.O. Box 2568 Hobbs,	New Mexico 88240 (505) 392-9	797	30-015-05357	
See also space 17 below.)	location clearly and in accordance with any S	tate requirements.	10. FIELD AND POOL, OR WILDO Grayburg Jackson 7-Rivers-QN-	
At surface 1980' FNL & 560' FEL			11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 22-T17S-R31E)
Unit H			500. 22-1175-101L	
I4. PERMIT NO.	15. ELEVATIONS (Show whether DF 3866' DF	, RT, GR, etc.)	12. COUNTY OR PARISH Eddy County	13. STATE NM
6. Cl	heck Appropriate Box to indicate Nat	ure of Notice, Report, or C		
NOTICE O	F INTENTION TO:	S	UBSEQUENT REPORT OF:	
TEST WATER SHUT OFF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL	
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMEN	NT ALTERING CASING	;
SHOOT OR ACIDIZE	ABANDON*			1 1
· · · · · ·	ABANDON	SHOOTING OR ACIDIZI	NG ABANDONMENT *	
REPAIR WELL	CHANGE PLANS	(Other) <u>Return W</u>	Vell to Injection	
REPAIR WELL	CHANGE PLANS	(Other) <u>Return W</u> (Note: Report Completion of	<u>Vell to Injection</u> . t results of multiple completion on Well or Recompletion Report and Log form.)	
REPAIR WELL (Other) 7. DESCRIBE PROPOSED OR COM	[]	(Other) <u>Return W</u> (Note: Report Completion of rtinent details, and give pertinen	Vell to Injection t results of multiple completion on Well or Recompletion Report and Log form.) t dates, including estimated date of startin	
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REPAIR WELL (Other) 7. DESCRIBE PROPOSED OR COM proposed work. If well is directi THIS FORM IS IN RESPONSE TO NMOC 02/26/01 Return well to injection.	CHANGE PLANS	(Other) <u>Return W</u> (Note: Repor Completion of rtinent details, and give pertinen neasured and true vertical depths	Vell to Injection t results of multiple completion on Well or Recompletion Report and Log form.) t dates, including estimated date of startin	
REPAIR WELL (Other) 7. DESCRIBE PROPOSED OR COM proposed work. If well is directi ••••••THIS FORM IS IN RESPONSE TO NMOC 02/26/01 Return well to injection. 09/29/01 Test casing to 500 PSI (C	CHANGE PLANS PLETED OPERATIONS: (Clearly state all point ionally drilled, give subsurface locations and the control of the con	(Other) <u>Return W</u> (Note: Repor Completion of rtinent details, and give pertinen neasured and true vertical depths	Vell to Injection t results of multiple completion on Well or Recompletion Report and Log form.) t dates, including estimated date of startin s for all markers and zones pertinent to thi CEPTED FOR RECORD	
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REPAIR WELL (Other) 7. DESCRIBE PROPOSED OR COM proposed work. If well is directi THIS FORM IS IN RESPONSE TO NMOC 02/26/01 Return well to injection. 09/29/01 Test casing to 500 PSI (O Performed/witnessed by 8. I hereby certify that the foregoing is	CHANGE PLANS PLETED OPERATIONS: (Clearly state all periodic contents) (Clearly state all periodicons) (Clearly state all periodic contents) (Clear	(Other) <u>Return W</u> (Note: Report Completion of rtinent details, and give pertinen neasured and true vertical depths AOCD).	Vell to Injection t results of multiple completion on Well or Recompletion Report and Log form.) t dates, including estimated date of startin s for all markers and zones pertinent to thi CEPTED FOR RECORD OCT 2 5 2001 ALEXIS C. SWOBODA ETROLEUM ENGINEER	is work.) *
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REPAIR WELL (Other) 7. DESCRIBE PROPOSED OR COM proposed work. If well is direction 02/26/01 Return well to injection. 09/29/01 Test casing to 500 PSI (C Performed/witnessed by 8. I hereby certify that the foregoing is SIGNED	CHANGE PLANS PLETED OPERATIONS: (Clearly state all point of the subsurface locations and the subsurface locations are subsurface locations and the subsurface locations are	(Other) <u>Return W</u> (Note: Report Completion of rtinent details, and give pertinen neasured and true vertical depths AOCD).	Vell to Injection t results of multiple completion on Well or Recompletion Report and Log form.) t dates, including estimated date of startin s for all markers and zones pertinent to thi CEPTED FOR RECORD OCT 2 5 2001 ALEXIS C. SWOBODA ETROLEUM ENGINEER DATE September 29, 200	is work.) •
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REPAIR WELL (Other) 7. DESCRIBE PROPOSED OR COM proposed work. If well is directi THIS FORM IS IN RESPONSE TO NMOC 02/26/01 Return well to injection. 09/29/01 Test casing to 500 PSI (C Performed/witnessed by 8. I hereby certify that the foregoing is SIGNED <u>May O Juany</u> Mary Jo Turner (This space for Federal or State office APPROVED BY	CHANGE PLANS PLETED OPERATIONS: (Clearly state all points) PLETED OPERATIONS: (Clearly state all points) Copy of pressure chart attached, original to NM Nick Jimenez with Gandy Corporation strue and correct. TITLE Production suse) TITLE NY:	(Other) <u>Return W</u> (Note: Report Completion of rtinent details, and give pertinen neasured and true vertical depths AOCD).	Vell to Injection t results of multiple completion on Well or Recompletion Report and Log form.) t dates, including estimated date of startin s for all markers and zones pertinent to thi CEPTED FOR RECORD OCT 2 5 2001 ALEXIS C. SWOBODA ETROLEUM ENGINEER DATE September 29, 200	is work.) •

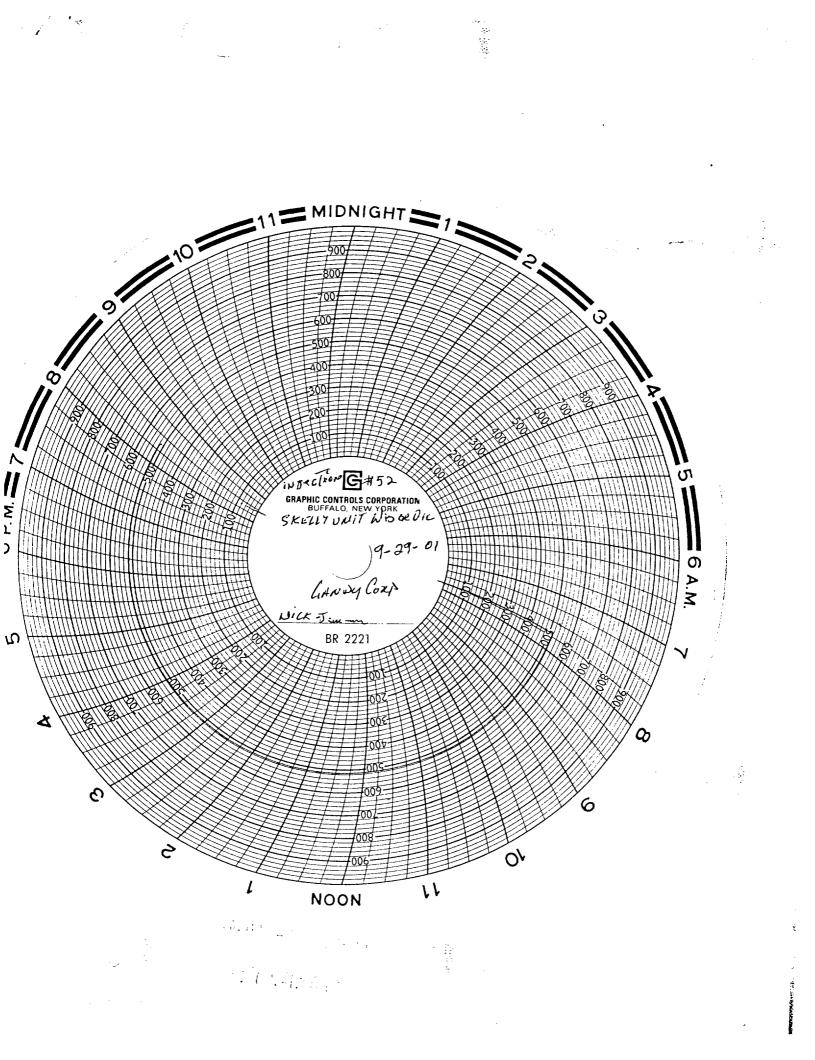


- Form 3160-5 (November 1983) (Formerly 9-331) UNITEL TATES DEPARTMENT OF THE I BUREAU OF LAND MANAG	NTERIOR	(Other Instructions reverse side)	son E	lget Bureau No. 1004-0 Expires August 31, 198	5
				DESIGNATION AND SE	ERIAL NO.
SUNDRY NOTICES AND REF (Do not use this form for proposals to drill or to deeper Use "APPLICATION FOR PERMIT -	or plug back to	a different reservoir.		AN, ALLOTTEE OR TR	BE NAME
I. OIL GAS OTHER WELL WELL WIW			1	GREEMENT NAME ly Unit	
2. NAME OF OPERATOR The Wiser Oil Company		······	8. WELL 1 47	NO.	
3. ADDRESS OF OPERATOR P.O. Box 2568 Hobbs, New Mexico 88240 (5	(05) 302.070	07	9. API We	11 No. 5-05364	
 LOCATION OF WELL (Report location clearly and in accorda See also space 17 below.) 			10. FIELD	AND POOL, OR WILDO urg Jackson 7-Rivers-QN-	
At surface 1980' FNL & 660' FWL Unit E			SURV	г., R., M., OR BLK. AND 'ey or area c. 23-T17S-R31E	, <u> </u>
14. PERMIT NO. 15. ELEVATIONS (Sho 3867' DF	ow whether DF,	RT, GR, etc.)		ty or parish ddy County	13. STATE NM
16. Check Appropriate Box to i	indicate Natu	re of Notice, Report, or			· · · · · · · · · · · · · · · · · · ·
NOTICE OF INTENTION TO:			SUBSEQUENT	REPORT OF:	
TEST WATER SHUT OFF		WATER SHUT-OFF		REPAIRING WELL	
FRACTURE TREAT MULTIPLE COMPLET		FRACTURE TREATM		ALTERING CASING	
SHOOT OR ACIDIZE ABANDON*		SHOOTING OR ACID		ABANDONMENT *	
REPAIR WELL CHANGE PLANS			ort results of mult	iple completion on Well	
(Other) 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS: (Clear		inent details, and give pertir	nent dates, includir		
proposed work. If well is directionally drilled, give subsurface	locations and me	casured and true vertical dep	ons for all markers	and zones pertinent to the	s work.}
04/10/01 Return well to injection.		г			
09/29/01 Test casing to 500 PSI (Copy of pressure chart attached,	-	CD).	ACCEPTE	D FOR RECORD	
Performed/witnessed by Nick Jimenez with Gandy Corp	oration		ALEXIS	2 4 2001 C. SWOBODA UM ENGINEER	
18. I hereby certify that the foregoing is true and correct.					
SIGNED Mary So Turner TITLE P	roduction T	ech II	DATE	September 29, 200	<u>)1</u>
(This space for Federal or State office use)					
APPROVED BY TITLE TITLET			DATE		<u> </u>
The second se	e Instruction	On Reverse Side			
Title 18 U.S.C. Section 1001, makes it a crime for any person knowing fraudulent statements or representations as to any matter within its juris		to make to any department o	or agency of the U	nited States any false, ficti	tious or

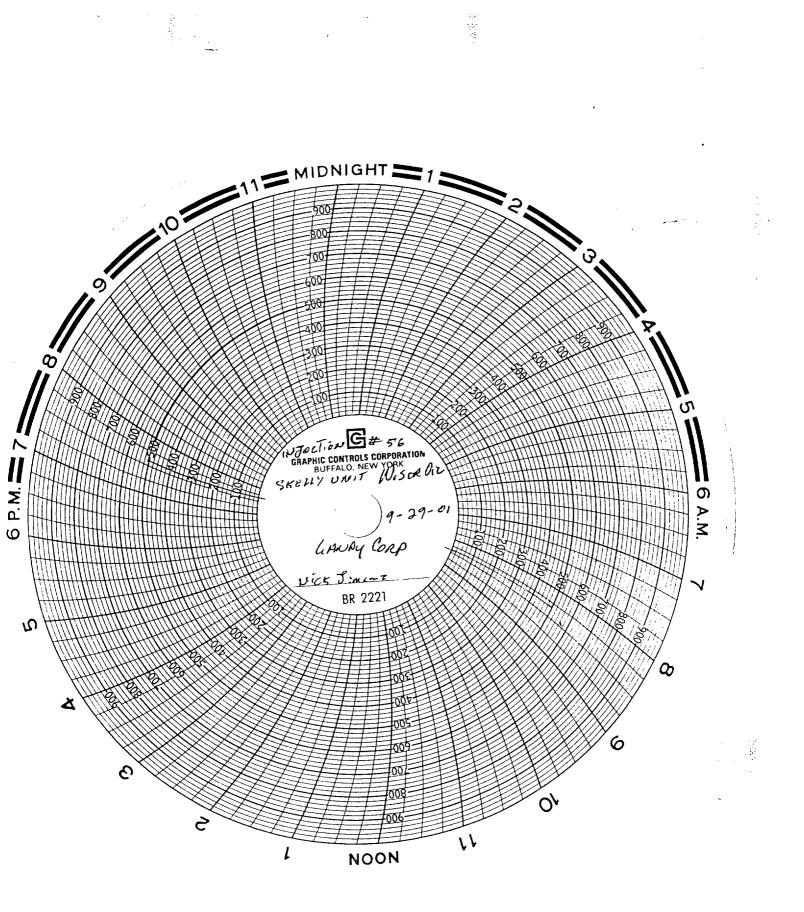
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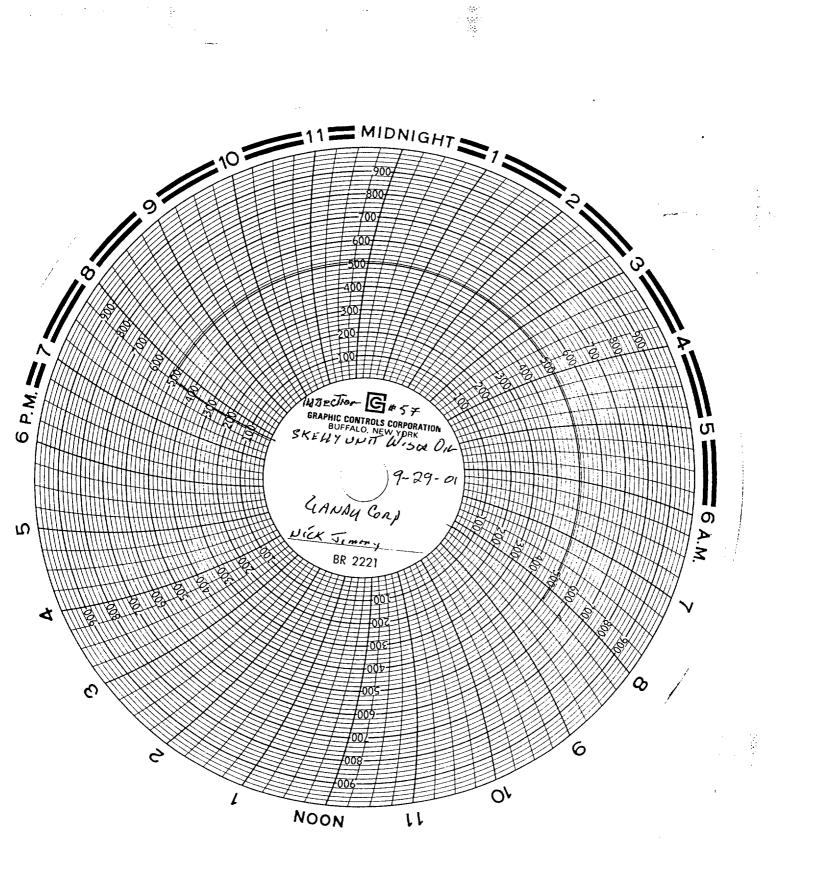
(November 1983) (Formerly 9-331) DEPARTM	NITEL FATES	SUBMIT IN TRIPLICA (Other Instructions on reverse side)	ATOR'S COPY Budget Bureau No. 1004-0 Expires August 31, 1983	
DUNEAU			5. LEASE DESIGNATION AND SE LC-029419-A	RIAL NO.
SUNDRY NOT	ICES AND REPORTS ON	WELLS	6. IF INDIAN, ALLOTTEE OR TRI	BENAME
	osals to drill or to deepen or plug back to ATION FOR PERMIT - " for such propos			
l			7. UNIT AGREEMENT NAME	
OIL GAS WELL	OTHER WIW		Skelly Unit	
2. NAME OF OPERATOR			8. WELL NO.	
The Wiser Oil Company			52	
3. ADDRESS OF OPERATOR D.O. Box 2568 Hobbs New	Mexico 88240 (505) 392-979	7	9. API Well No. 30-015-05345	
 LOCATION OF WELL (Report location See also space 17 below.) 			10. FIELD AND POOL, OR WILDO Grayburg Jackson	AT
At surface			11. SEC., T., R., M., OR BLK. AND	
1980' FSL & 1980' FEL Unit J			SURVEY OR AREA Sec. 22-T17S-R31E	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, H 3839' DF		12. COUNTY OR PARISH Eddy County	13. STATE NM
6. Check	Appropriate Box to indicate Natur	re of Notice, Report, or Oth	er Data	
NOTICE OF INTE	ENTION TO:	SUE	SEQUENT REPORT OF:	
TEST WATER SHUT OFF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL	
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING	
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	G ABANDONMENT *	
REPAIR WELL	CHANGE PLANS		sults of multiple completion on Well	
(Other) 7. DESCRIBE PROPOSED OR COMPLET	ED OPERATIONS: (Clearly state all perti		completion Report and Log form.) ates, including estimated date of starting	gany
proposed work. If well is directionally	/ drilled, give subsurface locations and me NO. 12733	easured and true vertical depths fo	or all markers and zones pertinent to thi	s work.)
02/07/01 Return well to injection.		r		
•	f pressure chart attached, original to NMO	A (A	CCEPTED FOR RECOR	
	imenez with Gandy Corporation			
			OCT 2 4 2001	
)
			ALEXIS C. SWOBODA PETROLEUM ENGINEER	
8. I hereby certify that the foregoing is true a	and correct.			
SIGNED Mory Qo Tunna	TITLE Production Te	ech II	DATE September 29, 200	1
<u>Mary Jo Turner</u> (This space for Federal or State office use)				
APPROVED BY CONDITIONS OF APPROVAL, IF ANY:			DATE	:
	*See Instrúction (On Reverse Side		
itle 18 U.S.C. Section 1001, makes it a crime				



Form 3160-5	r		UPERAT	OR'S COPY
(November 1983)		UNITE! TATES	SUBMIT IN TRIPLIC.	Budget Bureau No. 1004-0135
(Formerly 9-331)		MENT OF THE INTERIOR		Expires August 31, 1985
	BUREA	U OF LAND MANAGEMENT	reverse side)	5. LEASE DESIGNATION AND SERIAL NO.
				LC-029419-A
SL	INDRY NO	TICES AND REPORTS ON	NWELLS	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
		oposals to drill or to deepen or plug back to		
	Use "APPLI	ICATION FOR PERMIT - " for such propos	sals.)	
I		OTUP		7. UNIT AGREEMENT NAME
	GAS WELL	OTHER WIW		Skelly Unit
2. NAME OF OPER.			······································	8. WELL NO.
The Wiser Oi				56
3. ADDRESS OF OF	<u> </u>			9. API WELL NO.
P.O. Box 256	68 Hobbs, Ne	w Mexico 88240 (505) 392-979	97	30-015-05350
		ation clearly and in accordance with any Sta		10. FIELD AND POOL, OR WILDCAT
See also space 1			•	Grayburg Jackson 7-Rivers-QN-GB-SA
At surface				11. SEC., T., R., M., OR BLK. AND
660' FSL & 1980). EMF			SURVEY OR AREA
Unit N				Sec. 22-T17S-R31E
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, I	RT GR etc.)	12. COUNTY OR PARISH 13. STAT
14. TERMITINO.		3835' DF		Eddy County NM
б.	Checl	k Appropriate Box to indicate Natur	re of Notice Report or Oth	
	Chief			
	NOTICE OF IN	TENTION TO:	SUE	BSEQUENT REPORT OF:
				,
TEST WATER SHUT	OFF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT		MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING
TIME TOKE TREAT			TRACTORE TREATMENT	
SHOOT OR ACIDIZE		ABANDON*	SHOOTING OR ACIDIZING	G ABANDONMENT *
				•••••
REPAIR WELL	L	CHANGE PLANS	(Other) <u>Return Wel</u>	sults of multiple completion on Well
(Other)				Recompletion Report and Log form.)
. DESCRIBE PROPOS	ED OR COMPLE	TED OPERATIONS: (Clearly state all pert	inent details, and give pertinent d	lates, including estimated date of starting any
proposed work. If	well is directional	lly drilled, give subsurface locations and me	easured and true vertical depths fo	or all markers and zones pertinent to this work.)
*****THIS FORM IS IN RES	SPONSE TO NMOCD CA	SENO 12713		
		SE NO. 12/35		
3/12/01 Return well !		32 NO. 12135		
	to injection.	(32 NO. 1215)	Г	1000000
		of pressure chart attached, original to NMOC	CD).	ACCEPTED FOR RECORD
9/29/01 Test casing to	to 500 PSI (Copy o		CD).	ACCEPTED FOR RECORD
9/29/01 Test casing to	to 500 PSI (Copy o	of pressure chart attached, original to NMOC	CD).	
9/29/01 Test casing to	to 500 PSI (Copy o	of pressure chart attached, original to NMOC	CD).	ACCEPTED FOR RECORD
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9/29/01 Test casing to	to 500 PSI (Copy o	of pressure chart attached, original to NMOC	CD).	OCT 2 4 2001
9/29/01 Test casing to	to 500 PSI (Copy o	of pressure chart attached, original to NMOC	CD).	OCT 2 4 2001
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9/29/01 Test casing to	to 500 PSI (Copy o	of pressure chart attached, original to NMOC	CD).	OCT 2 4 2001
9/29/01 Test casing to	to 500 PSI (Copy o	of pressure chart attached, original to NMOC Jimenez with Gandy Corporation	CD).	OCT 2 4 2001
9/29/01 Test casing to Performed/w . I hereby certify that th	to 500 PSI (Copy o	of pressure chart attached, original to NMOC Jimenez with Gandy Corporation e and correct.		OCT 2 4 2001 ALEXIS C. SWOBODA PETROLEUM ENGINEER
9/29/01 Test casing to Performed/w I hereby certify that th	to 500 PSI (Copy o	of pressure chart attached, original to NMOC Jimenez with Gandy Corporation e and correct.	CD).	OCT 2 4 2001 ALEXIS C. SWOBODA PETROLEUM ENGINEER
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9/29/01 Test casing to Performed/w I hereby certify that th IGNED <u>7 Jone</u> <u>Mary Jo Ti</u> This space for Federal of	to 500 PSI (Copy o witnessed by Nick J he foregoing is true <u>Jurner</u> or State office use)	of pressure chart attached, original to NMOC Jimenez with Gandy Corporation e and correct. 	ech II	OCT 2 4 2001 ALEXIS C. SWOBODA PETROLEUM ENGINEER DATE September 29, 2001



SURPRO OF DAVId MANACLINENT SURSED DESIGNATION AND SERIAL C.202419-A SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for propositio to dill ret deepen of plag back to a different reserveit. Use "APPLICATION FOR PERMIT for and propositio Use "APPLICATION FOR PERMIT for and proposition Use "APPLICATION FOR PERMIT for and proposition" ALL PROJ for an accordance with any State requirements. Soft of the down and in accordance with any State requirements. Soft of the down and in accordance with any State requirements. Soft of the down and in accordance with any State requirements. Soft of the down and in accordance with any State requirements. Soft of the down and in accordance with any State requirements. Soft of the down and in accordance with any State requirements. Soft of the down and in accordance with any State requirements. Soft of the down and in accordance with any State requirements. Soft of the down and in accordance with any State requirements. Soft of the down and in accordance with any State requirements. Soft of the down and in accordance with any State requirements. Soft of the down and the down	(November 1983) (Formerly 9-331) DEPARTN	JNITEL TATES MENT OF THE INTERIOR	SUBMIT IN TRIPLIO (Other Instructions on reverse side)	ATORIS (OOPYNo. 1004-0 Expires August 31, 198)	135
SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to degree or plag back to a different reservoir. 1 OL Chernel Company 1 OL OTHER WELL OTHER WIW 2 NAME OF OPERATOR Prevaluation of the proposality 3 ADDRESS OFFERATOR 9.4 PF Well No. 1 OLD CATORO MEXIC - To for anal proposality 57 3 ADDRESS OFFERATOR 9.4 PF Well No. 9.0 DOX 2568 FOREATOR 9.4 PF Well No. 9.0 DOX 2568 FOREATOR 9.4 PF Well No. 10 DELCATORO VELL (Experiments) 57 3 ADDRESS OF OFERATOR 10. PELD AND POOL, GR WILDCAT Growing Jackson 7. Rivers-ON-GR SJ 10. PELD AND POOL, GR WILDCAT Growing Jackson 7. Rivers-ON-GR SJ 10. SELSCHER TRANS 10. PELD AND POOL, GR WILDCAT Growing Jackson 7. Rivers-ON-GR SJ 10. SELSCHER TRANS WELL 10. FELD AND POOL, GR WILDCAT Growing Jackson 7. Rivers-ON-GR SJ 10. SELSCHER TRANS 10. FELD AND POOL, GR WILDCAT Growing Jackson 7. Rivers-ON-GR SJ 10. SELSCHER TRANS WELL 11. SELSCHER TRANS 11. SECSCHER TRANS	BUREAU	OF LAND MANAGEMENT	,		RIAL NO.
OLL CAS CAS OTHER WIW OTHER WIW OTHER OTHER OTHER OLL CAS OTHER	(Do not use this form for pro	posals to drill or to deepen or plug back to	a different reservoir.		BE NAME
The Wiser Oil Company 57 3. ADDRESS OF OFERATOR 9. API Well No. P.O. Box 2568 Hobbs, New Mexico 88240 (505) 392-9797 30-015-05353 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements' See ato space 17 below.) 10. FIEL D AND POOL, OR WILDCAT At surface 60' FSL & 1980' FEL 10. FIEL OR DP DOOL, OR WILDCAT 14. DECATION OF WELL (Report location clearly and in accordance with any State requirements' See ato space 17 below.) 11. SEC, T., R. M., OR BLK. AND 14. DECATION OF WELL (REPORT DECATIONS (Show whether DF, RT, GR, etc.) 12. COUNTY OR PARISH 13. 1 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 12. COUNTY OR PARISH 13. 1 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 12. COUNTY OR PARISH 13. 1 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 12. COUNTY OR PARISH 13. 1 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 12. COUNTY OR PARISH 13. 1 14. OPERATION PULL OR ALTER CASING WATER SHUT-OFF REPAIRING WELL REPAIRING WELL REPAIRING WELL ALTERING WELL ALTERING WELL ALTERING WELL ChanGE PLANS (Other) ALTERING WELL GOMPLETED OPERATIONS; (Clearly state all pe	I. OIL GAS	OTHER			
3. ADDRESS OF OPERATOR 9. API Well No. 9. ADDRESS OF OPERATOR 9. API Well No. 9. OBX 2568 Hobbs, New Mexico 88240 (505) 392-9797 30-015-05353 10. EDED AND POOL, OR WILL (Report location clearly and in accordance with any State requirements. 30-015-05353 ALGXATION OF WELL (Report location clearly and in accordance with any State requirements. 10. FIELD AND POOL, OR WILLCAT 660° FSL & 1980° FEL 11. SEC, T. R. M., OB BLK AND 10.0 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 12. COUNTY OR PARISH 12. ODUNTY OR PARISH 13. SEC 22-T17S-R31E 13. Check Appropriate Box to indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PULL OR ALTER CASING WATER SHUT-OFF REPAIRING WELL FRACTURE TREAT MULTIPLE COMPLETE RADANDON* ALTERING CASING ABANDON* REPAIR WELL CHANGE PLANS Cother) REPAIRING WELL Change form.) (Other) Cother PROPOSED OR COMPLETED OPERATIONS: (Clearly state all pertinent deals, and give pertinent date, including estimated date of starting any proposed work. If wells to directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent on this work MILEVISE C. SWOBODA 10. DESCRIBE PROPOSED OR COMPLETED OPERATIONS:					
LOCATION OF WELL (Report location clearly and in accordance with any State requirements.' See also space 17 below.) At surface G60' FSL & 1980' FEL Unit 0 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 18. SEC, T, R., M., OR BLK. AND SURVEY OR AREA Sec. 22-T17S-R31E 12. COUNTY OR PARISH 13. Eddy. County Surger DF SUBSEQUENT REPORT OF: ULL OR ALTER CASING MULTIPLE COMPLETE ABANDON* REPAIR WELL CHANGE PLANS (Other) DESCRIBE PROPOSED OR COMPLETED OPERATIONS: (Clearly state all pertinent details, and give pertinent data (and give pertinent data) for all markers and zones pertinent to this work """THIS FORM IS NERSPONDED FOR COMPLETED OPERATIONS: (Clearly state all pertinent details, and give pertinent data (and give pertinent data). OCI: 2.4. 2001 ALEXIS.C. SWOBDOA PETROLEUM ENGINEER	3. ADDRESS OF OPERATOR)7	9. API Well No.	
660' FSL & 1980' FEL Unit 0 I1' SEC, T, R, M, OK BLK, AND SURVEY OR AREA Sec. 22-T17S-R31E 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 12. COUNTY OR PARISH Eddy County 13. Eddy County 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 12. COUNTY OR PARISH Eddy County 13. Eddy County 13. Eddy County 16. OF INTENTION TO: SUBSEQUENT REPORT OF: SUBSEQUENT REPORT OF: TEST WATER SHUT OFF PULL OR ALTER CASING WATER SHUT-OFF REPAIRING WELL ALTERING CASING SHOOT OR ACIDIZE ABANDON* SHOOTING OR ACIDIZING ABANDONMENT * REPAIR WELL CHANGE PLANS Other) Return Well to Injection (Note: Report results of multiple completion and well Completion or Recompletion Report and Log form) 10. 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 IV-TPHET FORM BE NESPONSE TO NMOC CASE NO. 1273 OZ08/01 Return well to injection. 09/29/01 Test casing to S00 PSI (Copy of pressure chart attached, original to NMOCD). PETROLEUM ENGINEER 02/29/01 Test casing to S00 PSI (Copy of pressure chart attached, original to NMOCD). ALEXIS C. SWOBODA PETROLEUM ENGINEER	4. LOCATION OF WELL (Report locat See also space 17 below.)			10. FIELD AND POOL, OR WILDO	
3830' DF Eddy County N 6. Check Appropriate Box to indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: TEST WATER SHUT OFF PULL OR ALTER CASING WATER SHUT-OFF REPAIRING WELL FRACTURE TREAT MULTIPLE COMPLETE ABANDON* ALTERING OR ACIDIZING ABANDONMENT * SHOOT OR ACIDIZE ABANDON* (Other) REPAIR WELL CHANGE PLANS (Other) (Other) Reput results of multiple completion on Well Completion on Report and Log form.) 7. 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 ************************************	660' FSL & 1980' FEL			SURVEY OR AREA	
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TEST WATER SHUT OFF PULL OR ALTER CASING WATER SHUT-OFF REPAIRING WELL SHOOT OR ACIDIZE MULTIPLE COMPLETE BANDON* ALTERING CASING REPAIR WELL CHANGE PLANS Other) Return Well to Injection (Other) 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 ************************************	6. Check	Appropriate Box to indicate Natur	e of Notice, Report, or Ot	her Data	
FRACTURE TREAT MULTIPLE COMPLETE FRACTURE TREATMENT ALTERING CASING SHOOT OR ACIDIZE ABANDON* SHOOTING OR ACIDIZING ABANDONMENT * REPAIR WELL CHANGE PLANS (Other) Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) Other 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 02/08/01 Return well to injection. 09/29/01 Test casing to 500 PSI (Copy of pressure chart attached, original to NMOCD). Performed/witnessed by Nick Jimenez with Gandy Corporation ACCEPTED FOR RECORD 02/12 4 2001 ALEXIS C. SWOBODA ALEXIS C. SWOBODA PETROLEUM ENGINEER	NOTICE OF INT	ENTION TO:	SU	BSEQUENT REPORT OF:	
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(Other) (Ot	SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZIN	G ABANDONMENT *	
 7. 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 ************************************	REPAIR WELL	CHANGE PLANS	(Note: Report r	results of multiple completion on Well	
THIS FORM IS IN RESPONSE TO NMOCD CASE NO. 12733 02/08/01 Return well to injection. 09/29/01 Test casing to 500 PSI (Copy of pressure chart attached, original to NMOCD). Performed/witnessed by Nick Jimenez with Gandy Corporation 0CT 2 4 2001 ALEXIS C. SWOBODA PETROLEUM ENGINEER	7. DESCRIBE PROPOSED OR COMPLET		inent details, and give pertinent	dates, including estimated date of startin	
09/29/01 Test casing to 500 PSI (Copy of pressure chart attached, original to NMOCD). Performed/witnessed by Nick Jimenez with Gandy Corporation ACCEPTED FOR RECORD COT 2 4 2001 ALEXIS C. SWOBODA PETROLEUM ENGINEER ALEXIS C. SWOBODA			asured and true vertical depths i	or all markers and zones pertinent to the	s work.)
09/29/01 Test casing to 500 PSI (Copy of pressure chart attached, original to NMOCD). Performed/witnessed by Nick Jimenez with Gandy Corporation COT 2 4 2001 ALEXIS C. SWOBODA PETROLEUM ENGINEER . I hereby certify that the foregoing is true and correct.	02/08/01 Return well to injection.				
ALEXIS C. SWOBODA PETROLEUM ENGINEER	•	of pressure chart attached, original to NMO	CD). AC	CEPTED FOR RECORD	
. I hereby certify that the foregoing is true and correct.	Performed/witnessed by Nick	Jimenez with Gandy Corporation		ALEXIS C. SWOBODA	
SIGNED TO O THE State Draduation Teach II State Souther 20, 2001	I. I hereby certify that the foregoing is true	and correct.		×	
Mary Jo Turner	Mary Jo Turner	TITLE Production Te	ech II	DATE September 29, 200	1
(This space for Federal or State office use)					
APPROVED BY TITLE DATE CONDITIONS OF APPROVAL, IF ANY:				DATE	<u></u>
*See Instruction On Reverse Side		· , .	On Reverse Side		

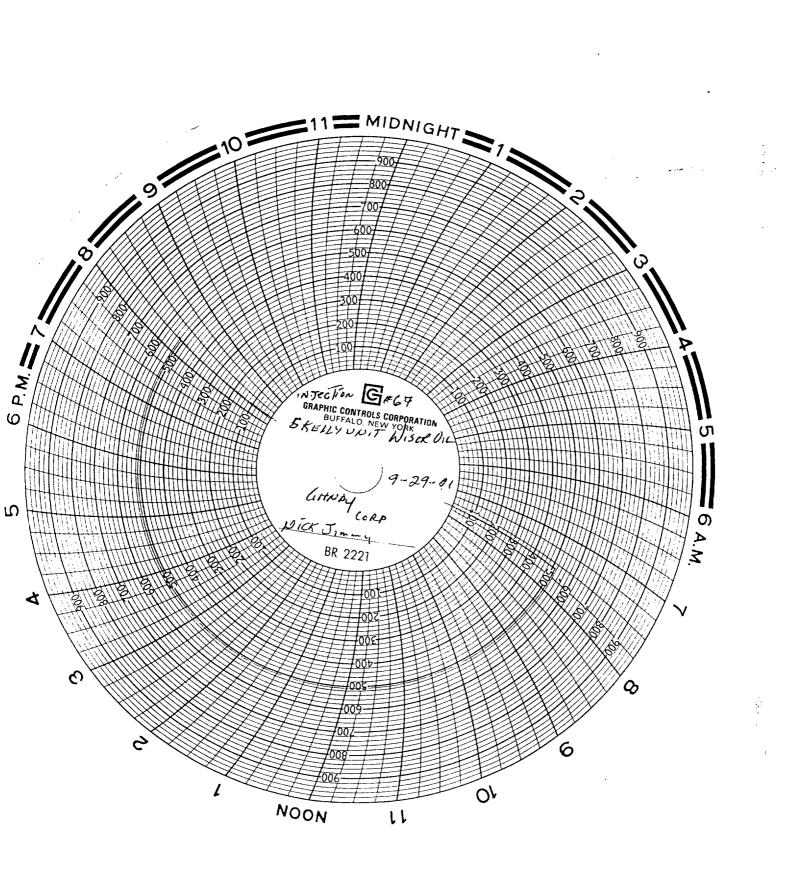


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Maria Harage

Form 3160-5 (November 1983) (Formerly 9-331)	DEPART	INITEL JTATES		SUCHE CHATCHER (Other Instructions of reverse side)	n	Budget Bureau No. 1004-(Expires August 31, 198	5
						se designation and s -029420-B NM 98	
÷ –	e this form for pro	ICES AND REPORT posals to drill or to deepen or plug CATION FOR PERMIT - " for suc	back to	a different reservoir.		IDIAN, ALLOTTEE OR TR	_
	GAS WELL	OTHER WIW				r agreement name elly Unit	
2. NAME OF OPERA The Wiser Oil					8. WEL 67	L NO.	
3. ADDRESS OF OP P.O. Box 256		w Mexico 88240 (505) 3	92-97	97		WELL NO. 015-05339	
	ELL (Report locat	ion clearly and in accordance with			10. FIE Gra	LD AND POOL, OR WILD yburg Jackson 7-Rivers-QN	-GB-SA
1650° FSL & 1980 Unit J)' FEL				SU	c., t., r., m., or blk. and rvey or area Sec. 21-T17S-R31E)
14. PERMIT NO.		15. ELEVATIONS (Show whet 3816' DF	her DF,	RT, GR, etc.)	12. CO	UNTY OR PARISH Eddy County	13. STATE NM
16.	Check	Appropriate Box to indicat	e Natu	re of Notice, Report, or C	Other Data		•
	NOTICE OF INT	ENTION TO:		s	UBSEQUEN	IT REPORT OF:	
TEST WATER SHUT	OFF	PULL OR ALTER CASING		WATER SHUT-OFF		REPAIRING WELL	
FRACTURE TREAT		MULTIPLE COMPLETE		FRACTURE TREATMEN		ALTERING CASING	°⊢∣
SHOOT OR ACIDIZE		ABANDON* L		SHOOTING OR ACIDIZI		ABANDONMENT *	
REPAIR WELL		CHANGE PLANS		(Other) Return W			
(Other)		_				ultiple completion on Well tion Report and Log form.)	
17. DESCRIBE PROPOS		ED OPERATIONS: (Clearly state y drilled, give subsurface location		tinent details, and give pertinen	t dates, inclu	iding estimated date of starti	
•••••THIS FORM IS IN RES	PONSE TO NMOCD CAS	E NO. 12733					
08/18/00 Return well				ACC	CEPTED	FOR RECORD	
-		of pressure chart attached, original Jimenez with Gandy Corporation	l to NM	OCD).			
					a para La casa	2 5 2001	
					ALEYIS C	SWOBODA	
				F		JM ENGINEER	
18. I hereby certify that th	e foregoing is true	and correct.					
SIGNED <u>Mary O</u> o Mary Jo Ti	Turner	TITLE Produc	tion T	ech II	_ DATE_	September 29, 20	01
(This space for Federal of							<u></u>
APPROVED BY CONDITIONS OF APPI	ROVAL, IF ANY:	TITLE			_ DATE		·
			÷				
Title 18 IIS C. Section 10	01 makes it	*See Instr the for any person knowingly and w		On Reverse Side		Their d Caracteristic Content	itious of
	or, makes it a criti	ie ioi any person knowingly and w	vintaniy	to make to any department of a	iscucy of the	onned states any laise, fici	

Ittle 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to fraudulent statements or representations as to any matter within its jurisdiction.



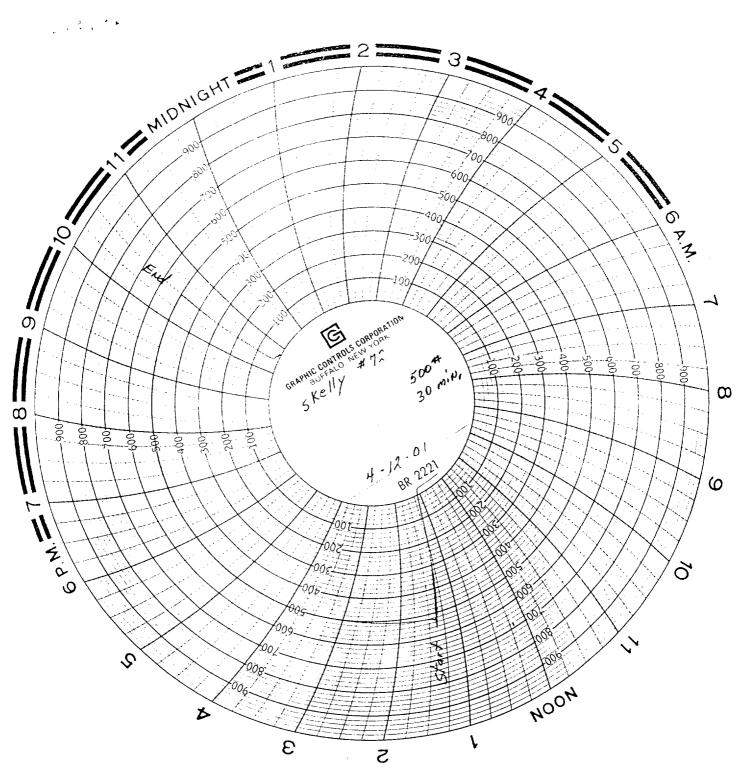
Form 3160-5 * (November 1983) (Formerly 9-331)	DEPART	NITED STATES	NTERIOR	SUBMIT IN TRIPLICA. (Other Instructions on rever OPERAT (Budget Bureau No. 100 Expires August 31, 1 BEASE DESIGNATION ANI DEASE OFFICIAL	\$35
	INDRY NO	TICES AND REP	PORS ON		NM-98120 6. IF INDIAN, ALLOTTEE OR	TRIBE NAME
(Do not us		posals to drill or to deepen CATION FOR PERMIT - "				
1. OIL WELL	GAS WELL	OTHER	×		7. UNIT AGREEMENT NAME Skelly Unit	
2. NAME OF OPER The Wiser O		· · · · · · · · · · · · · · · · · · ·			8. API WELL NO. 30-015-05372	
3. ADDRESS OF OP	ERATOR				9. WELL NO.	
		New Mexico 882- ion clearly and in accordan		ate requirements.	72 10. FIELD AND POOL, OR WI	<u> </u>
See also space 1 [°] At surface	below.)				Grayburg Jackson 7 River	
	2 1980' FWL				11. SEC., T., R., M., OR BLK. A SURVEY OR AREA Sec. 23-T17S-R31E	IND
Unit K 14. PERMIT NO		15. ELEVATIONS (Sho 3873' DF			12. COUNTY OR PARISH Eddy	13. STATE NM
16.	Check	Appropriate Box to in	ndicate Natu	re of Notice, Report, or Oth	ner Data	
	NOTICE OF INT	ENTION TO:		SUE	BSEQUENT REPORT OF:	
TEST WATER SHUT	OFF	PULL OR ALTER CAS		WATER SHUT-OFF	REPAIRING WE	LL
FRACTURE TREAT		MULTIPLE COMPLET	те развити	FRACTURE TREATMENT	ALTERING CAS	
SHOOT OR ACIDIZE		ABANDON*		SHOOTING OR ACIDIZING	G ABANDONMEN	
REPAIR WELL		CHANGE PLANS		(Other) Casing Lea		_
(Other)				· · ·	esults of multiple completion on We Recompletion Report and Log form	
7. DESCRIBE PROPOS proposed work. If	ED OR COMPLET well is directionall	ED OPERATIONS: (Clea y drilled, give subsurface l	rly state all per ocations and m	tinent details, and give pertinent d neasured and true vertical depths for	lates, including estimated date of sto or all markers and zones pertinent to	arting any this work.)
08/10/00 MIRU Key V	VS. Released pk	r. & POH. RIH w/RBP	& pkr. Set R	ABP @ 3000'.		
				Tested csg. to 500#, held. Tes ree. Reset RBP @ 3060'.	sted csg. to 350# for 15 min. L	oss of 5#. RIH
				,58'-61',65'-67',94'-97',3400' 00 jts. 2-3/8" tbg. Tbg. @ 3144	'-03',44'-50',76'-80',3518'-23' 4'. ND BOP. NU WH.	,28'-30',36'-41
08/15/00 POH w/tbg.	Found hole in cs	g. @ 750'. LD AD-1 pl	kr. RIH w/Ba	aker J-Lok pkr. & set @ 3144'.	Dropped blanking plug & shu	nt off water flow
08/16/00 RIH w/tbg.	Fagged sand @ 8	34'. RU Halliburton. S	spotted 35 sks	s. Micro-Matrix cement. POH.	LD tbg. ND WH. WOC	
98/22/00 MIRU Key V	/S & reverse uni	t. RIH w/bit, DC's & 8	jts. 2-3/8" tb;	g. Tagged @ 436'. Drilled cm	nt. f/436'-683'. Circulated clear	ı.
8. I hereby certify that the	ne foregoing is true	and correct.				
SIGNED	C Turney	TITLE	Productior	n Tech II	DATE <u>April 9, 2001</u>	
(This space for Federal of	or State office use)	<u></u>				
APPROVED BY CONDITIONS OF APP	ROVAL IF ANY	TITLE			ACCEPTED FOR RE	
				n On Reverse Side	AUG 2 1 2001	

Form 3160-5 (November 1983)		JNITED STATES		SUBMIT IN TRIPLICA	Ų	
(Formerly 9-331)		MENT OF THE INT	ERIOR	(Other Instructions on	Expires August 31, 19	
		J OF LAND MANAGEN			NM-98120	SERIAL NO.
SI	JNDRY NO	TICES AND REPO	RS ON	WELLS	6. IF INDIAN, ALLOTTEE OR T	RIBE NAME
(Do not us		oposals to drill or to deepen or p CATION FOR PERMIT - " for				
 I.					7. UNIT AGREEMENT NAME	
	GAS WELL	OTHER WIW			Skelly Unit	
2. NAME OF OPER					8. API WELL NO.	·····
The Wiser O 3. ADDRESS OF OP	× *				30-015-05372 9. WELL NO.	
		New Mexico 88241			9. WELL NO. 72	
4. LOCATION OF W	VELL (Report loca	ation clearly and in accordance	with any St	ate requirements."	10. FIELD AND POOL, OR WI	
See also space 1 At surface	7 below.)			-	Grayburg Jackson 7 Rivers	
					11. SEC., T., R., M., OR BLK. AN SURVEY OR AREA	U
1980' FSL & Unit K	& 1980' FWL				Sec. 23-T17S-R31E	
14. PERMIT NO		15. ELEVATIONS (Show w	whether DF,	RT, GR, etc.)	12. COUNTY OR PARISH	13. STA
		3873' DF			Eddy	NM
6.	Check	Appropriate Box to indi-	cate Natu	ire of Notice, Report, or Othe	er Data	
	NOTICE OF IN	TENTION TO:	1	SUB	SEQUENT REPORT OF:	
TEST WATER SHUT	OFF	PULL OR ALTER CASING	3 🔲 🕴	WATER SHUT-OFF	REPAIRING WEL	
FRACTURE TREAT		MULTIPLE COMPLETE		FRACTURE TREATMENT	ALTERING CASI	
SHOOT OR ACIDIZE		ABANDON*		SHOOTING OR ACIDIZING	ABANDONMENT	
REPAIR WELL		CHANGE PLANS		(Other) Casing Leak		
(Other)					sults of multiple completion on Wel accompletion Report and Log form.)	
7. DESCRIBE PROPOS proposed work. If	ED OR COMPLE well is directional	TED OPERATIONS: (Clearly s lly drilled, give subsurface locat (continued)	state all per tions and m	tinent details, and give pertinent da beasured and true vertical depths for	ites, including estimated date of star r all markers and zones pertinent to	ting any this work.)
8/23/00 Drilled f/683 Lost 12# in		out of cement. RIH to 831'.	. Washed	sand to 846'. Circulated clean.	POH & LD collars. Tested csg	. to 500#.
8/28/00 Notified OC	D of intent to tes	st at 1:00 p.m. Tested csg. to	o 360#. Pr	ressure drop 30# in 30 minutes.	State did not witness.	
8/30/00 RLI Pro Wire	eline Pulled bla	nking plug PII Hughes Ser	nices & a	cidized Gravburg Vacuum perfe	s. 3258'-3607' w/4000 gals. 15%	LSA acid
4250# rock :		c action. ATP 2800# @ 3.2			0#. 5 min. 2600#. 10 min. 2600	
4/12/01 Injection rate	: 200 BWPD @	950#.				
8. I hereby certify that the	he foregoing is tru	e and correct.			······································	
SIGNED	90 Turnez	TITLE Pro	oduction	1 Tech II	DATE <u>April 9, 2001</u>	
	or State office use)	_			
(This space for Federal						
APPROVED BY	ROVAL IF ANY	TITLE			DATE	
· •	ROVAL, IF ANY	TITLE			DATE	

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1.

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and w fraudulent statements or representations as to any matter within its jurisdiction.



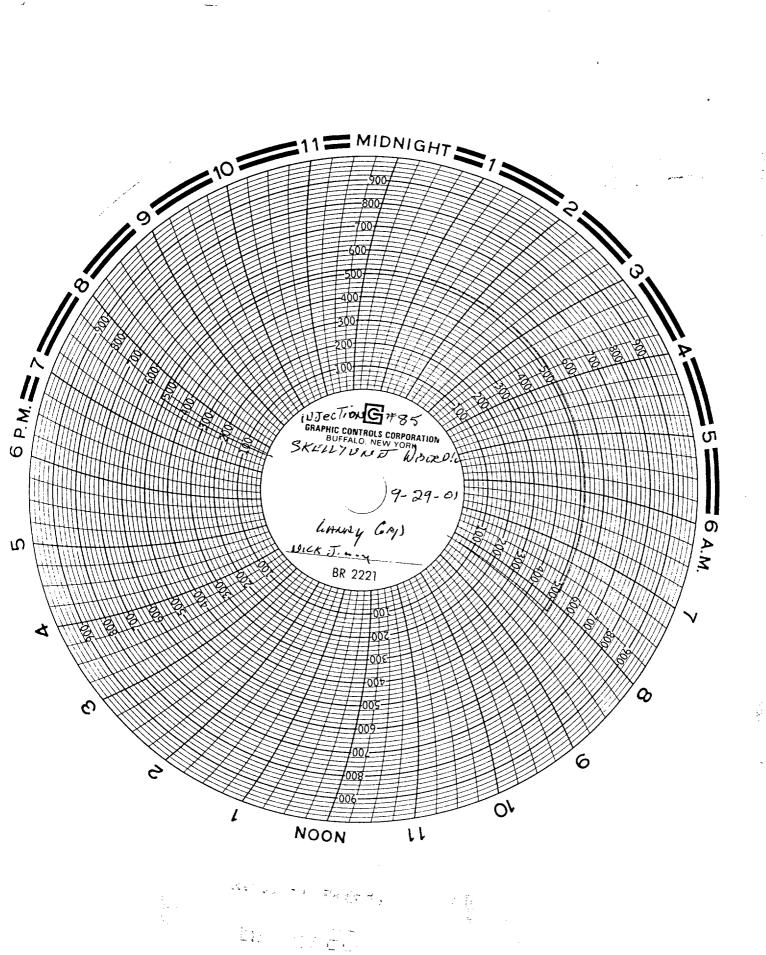
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Martin Jar Mar $-r_{i}r_{i}^{2}$

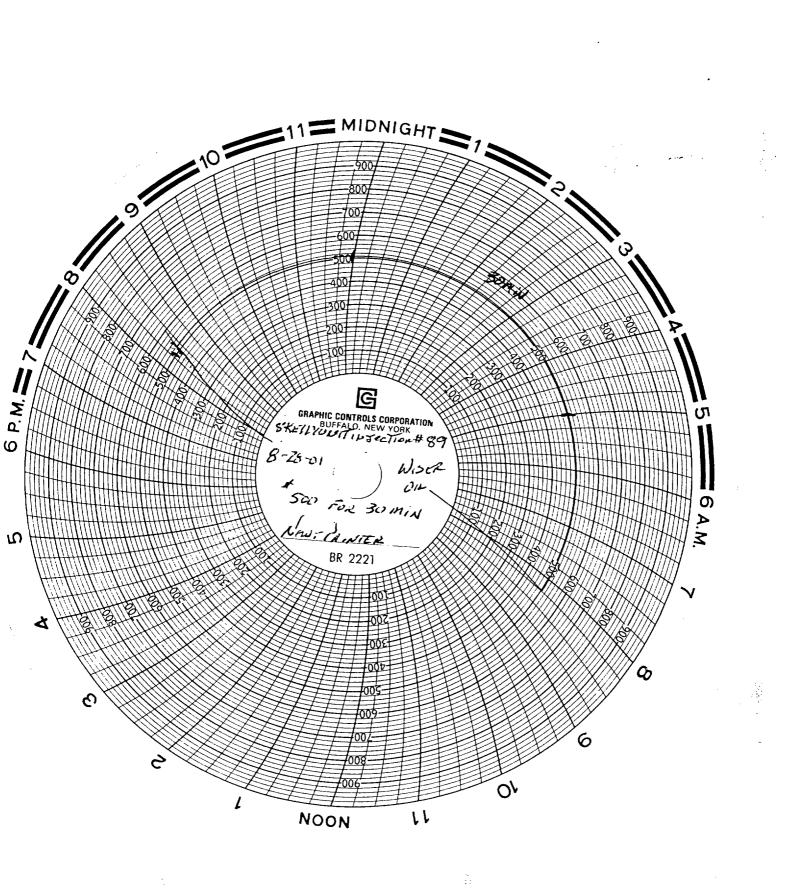
(10111011999551) =	UNITEL FATES ARTMENT OF THE INTERIOF JREAU OF LAND MANAGEMENT	SUBMIT IN TRIPLICA (Other Instructions on reverse side)	OPERATOR'S COR Expires August 31, 1985 S. LEASE DESIGNATION AND SERIAL NO. LC-029419-B NM 98131
(Do not use this for	NOTICES AND REPORTS Of n for proposals to drill or to deepen or plug back to "APPLICATION FOR PERMIT - " for such propo	o a different reservoir.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
I. OIL GAS WELL WELL	OTHER WIW		7. UNIT AGREEMENT NAME Skelly Unit
 NAME OF OPERATOR The Wiser Oil Comp ADDRESS OF OPERATOR 			8. WELL NO. 85 9. API WELL NO.
	os, New Mexico 88240 (505) 392-97	'97	30-015-05422
4. LOCATION OF WELL (Rep See also space 17 below.) At surface	port location clearly and in accordance with any St	ate requirements.	 FIELD AND POOL, OR WILDCAT Grayburg Jackson 7-Rivers-QN-GB-SA SEC., T., R., M., OR BLK. AND
660' FNL & 1980' FEL Unit B			SURVEY OR AREA Sec. 27-T17S-R31E
I4. PERMIT NO.	15. ELEVATIONS (Show whether DF, 3824' DF		12. COUNTY OR PARISH 13. STATE Eddy County NM
16.	Check Appropriate Box to indicate Natu	ire of Notice, Report, or Oth	er Data
NOTICE	E OF INTENTION TO:	SUE	SEQUENT REPORT OF:
TEST WATER SHUT OFF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	
REPAIR WELL	CHANGE PLANS	(Other) <u>Return Well to</u> (Note: Report re	<u>o Injection</u> . sults of multiple completion on Well
	OMPLETED OPERATIONS: (Clearly state all per ectionally drilled, give subsurface locations and n	tinent details, and give pertinent d	
••••••THIS FORM IS IN RESPONSE TO N		icasurca and true vertical depuis to	an markers and zones perturent to this work.)
09/26/01 Return well to injection	m. (Seven Rivers)		
09/29/01 Test casing to 500 PS	I (Copy of pressure chart attached, original to NM	OCD). AC	CEPTED FOR RECORD
Performed/witnessed	by Nick Jimenez with Gandy Corporation		DCT 2 5 2001 ALEXIS C. SWOBODA
8. I hereby certify that the foregoin	g is true and correct		PETROLEUM ENGINEER
SIGNED Co Tennon	-	Tech II	DATE September 29, 2001
<u>Mary Jo Turner</u> (This space for Federal or State of			
APPROVED BY	TITLE		DATE
APPROVED BY CONDITIONS OF APPROVAL, I			DATE

fraudulent statements or representations as to any matter within its jurisdiction.



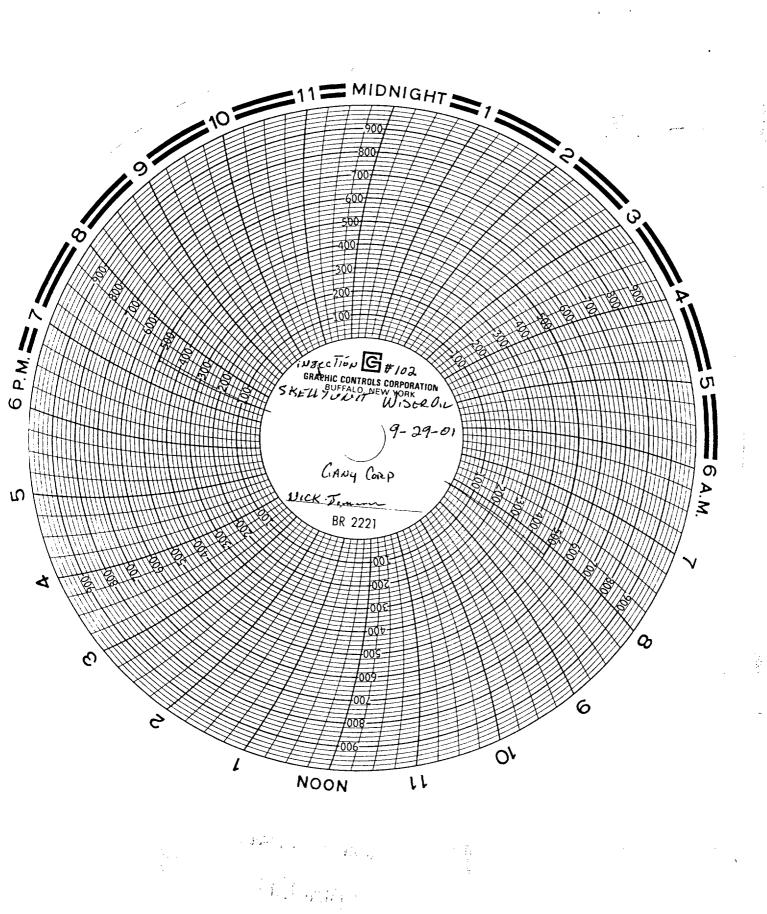
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		-	FERATOR'S COPY	
Form 3160-5 (November 1983) (Formerty 9-331) UNITED JTATES DEPARTMENT OF THE IN BUREAU OF LAND MANAGE	ITERIOR	SUBMIT IN TRIPLICATE ((Other Instructions on reverse side)	 Budget Bureau No. 1004- Expires August 31, 198 5. LEASE DESIGNATION AND S. LC-029418-B NM 9 	85 ERIAL NO.
SUNDRY NOTICES AND REPO (Do not use this form for proposals to drill or to deepen or Use "APPLICATION FOR PERMIT - "1	r plug back to a c	different reservoir.	6. IF INDIAN, ALLOTTEE OR TR	
1. OIL GAS OTHER WELL WIW		TED FOR RECORD	7. UNIT AGREEMENT NAME Skelly Unit	
2. NAME OF OPERATOR The Wiser Oil Company			8. WELL NAME AND NO. 89	
3. ADDRESS OF OPERATOR P.O. Box 2568 Hobbs, New Mexico 8824	1 1 -	01 2 5 2001	9. API WELL NO. 30-015-05429	
 LOCATION OF WELL (Report location clearly and in accordance See also space 17 below.) At surface 	with any State re	OLEUM ENGINEER	10. FIELD AND POOL, OR WILD Grayburg Jackson 7-Rivers-QN-	GB-SA
660' FNL & 1980' FEL Unit B			11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 28-T17S-R31E	
14. PERMIT NO 15. ELEVATIONS (Show 3801' DF	whether DF, RT	Γ, GR, etc.)	12. COUNTY OR PARISH Eddy County	13. STATE NM
16. Check Appropriate Box to in	dicate Natur	e of Notice, Report, or Oth	er Data	· · · · · · · · · · · · · · · · · · ·
NOTICE OF INTENTION TO:		SU	BSEQUENT REPORT OF:	
TEST WATER SHUT OFF PULL OR ALTER CAS		WATER SHUT-OFF	REPAIRING WEL	L
FRACTURE TREAT MULTIPLE COMPLET	E	FRACTURE TREATMENT	ALTERING CASI	4G
SHOOT OR ACIDIZE ABANDON*		SHOOTING OR ACIDIZIN	G ABANDONMENT	•
REPAIR WELL CHANGE PLANS			of multiple completion on Well	
 (Other) 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS: (Clear proposed work. If well is directionally drilled, give subsurface locatic 7/11/01 MIRU Tyler Well Service. ND WH. RU BOP. Released 7" AI 3100'. Washed over & latched on to on-off tool on 7" Baker J-L 7/12/01 Closed by-pass & unset pkr. POH w/2-7/8" tbg. Did not have pl tbg. LD tools & pkr. RIH w/6-1/4" cone bit & bit sub on 2-7/8" 	ons and measured D-1 pkr. POH w/ ok pkr. Open by kr. RIH w/2" sho	ent details, and give pertinent date d and true vertical depths for all ma (65 jts. 2-3/8" IPC tbg. LD 7" pkr /-pass and blew well down. Rec'd ort catch overshot on 2-7/8" tbg. F	arkers and zones pertinent to this work. RIH w/2-3/8" retrieving head & 2-7/ 200 bbls. fluid. Left csg. open overnig Found pkr. @ 2960'. Latched onto pkr) * 8" work string to ht.
7/13/01 TIH with liner consisting of 4-1/2" shoe, float collar & 85 jts. 4-1 cement Tailed w/225 sks. Class "C" cement containing 2% CaC	1/2" csg. TD @ 3	3653.61'. RU BJ Services. Circu	lated 130 bbls. pkr. fluid. Pumped 26.	sks Class "C"
7/16/01 RIH w/2-7/8" tbg. Tagged cement @ 3630'. POH. LD all 2-7/	8" tbg. RIH w/6	5 jts. 2-3/8" IPC tbg. Left hanging	g@245'. RD BOP. NU WH. RDMO)
8/24/01 MIRU Tyler Well Service. ND WH. RU BOP. POH w/65 jts. 2 62',67'-71',81'-83',3442'-44',59'-61',64'-69',75'-79',82'-88', tbg. to 3282'. Circulated 75 bbls. pkr. fluid. Set pkr. RD BOP.	,3514'-20',24'-2	8',32'-36' & 42'-45' w/2 SPF. R	D WL. RIH w/4-1/2" AD-1 pkr. & 10	
 8/28/01 RU Cudd Pumping Service. Acidized Grayburg Vacuum 3330'- @ 3 bpm. MTP 3000# @ 4.0 bpm. ISIP 1800#. 5 min. 1680'. 8/30/01 Injecting 150 BWPD @ 900#. 				
18. I hereby certify that the foregoing is true and correct.				
signed Mary 9 Juny Title_	Production Tech	<u>а Ш</u>	DATE <u>September 18, 2001</u>	
(This space for Federal or State office use)			<u> </u>	
APPROVED BY TTTLE TTTLE			DATE	<u>.</u>
*S	ee Instruction	On Reverse Side		



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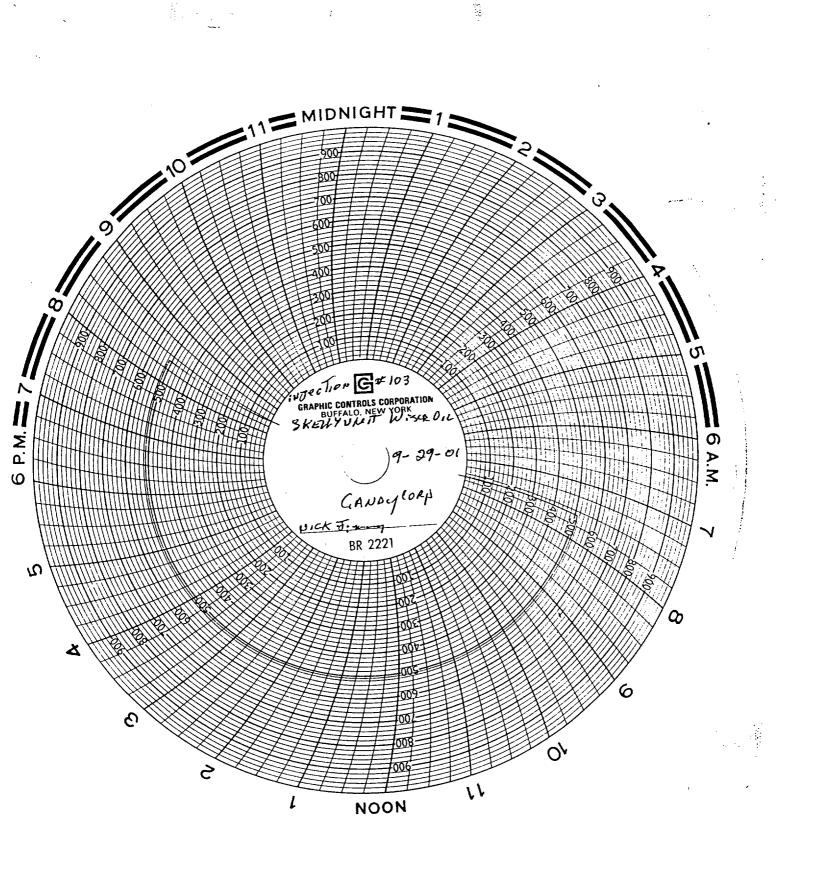
Form 3160-5	UNITE	TATES		RATOR'S COPY	004.044
(ronnony 2001)	PARTMENT O	F THE INTERIO	(Other Instructions reverse side)	on Expires August 31	, 1985
				5. LEASE DESIGNATION A LC-029418-B NM	ND SERIAL NO.
SUNDR	Y NOTICES A	ND REPORTS (ON WELLS	6. IF INDIAN, ALLOTTEE O	R TRIBE NAME
		l or to deepen or plug back R PERMIT - " for such pro			
				7. UNIT AGREEMENT NAM	IE
		wiw		Skelly Unit	
2. NAME OF OPERATOR The Wiser Oil Com	pany			8. WELL NO. 102	
3. ADDRESS OF OPERATO				9. API WELL NO.	
		88240 (505) 392-9		30-015- 05147	
4. LOCATION OF WELL (I See also space 17 below		nd in accordance with any	State requirements.	10. FIELD AND POOL, OR V Grayburg Jackson 7-River	
At surface				11. SEC., T., R., M., OR BLK SURVEY OR AREA	. AND
660' FNL & 1980' FEL Unit B				Sec. 14-T17S-R3	IE
14. PERMIT NO.		ATIONS (Show whether D 3929' DF	DF, RT, GR, etc.)	12. COUNTY OR PARISH	13. STATE
16.			ature of Notice, Report, or	Eddy County	NM
NOTI	CE OF INTENTION TO):		SUBSEQUENT REPORT OF:	
TEST WATER SHUT OFF		ALTER CASING	WATER SHUT-OFF		
FRACTURE TREAT		E COMPLETE	FRACTURE TREATM		
SHOOT OR ACIDIZE	ABANDO		SHOOTING OR ACID		
			(Other) Return W		
	CHANGE		(Note: Rep	ort results of multiple completion on	
			pertinent details, and give pertin	on or Recompletion Report and Log for ment dates, including estimated date of	starting any
••••••• THIS FORM IS IN RESPONSE TO		e subsurface locations and	i measured and the vertical dep	ths for all markers and zones pertinen	t to this work.)
3/09/01 Return well to inject	ion.				
9/29/01 Test casing to 500 P	SI (Copy of pressure cha	rt attached, original to NN	ACCD).	CCEPTED FOR RECORD	
Performed/witnesse	d by Nick Jimenez with	Gandy Corporation			-
				0CT 2 5 200!	
				mail	
				ALEXIS C. SWOBODA	
				PETROLEUM ENGINEER	
8. I hereby certify that the foreg	oing is true and correct.				~
SIGNED Mary Jo Turo	y	TITLE Production	1 Tech II	DATE September 29	, 2001
Mary Jo Turner (This space for Federal or State	office use)				
	-	тіті с		DATE	
APPROVED BY CONDITIONS OF APPROVAL	L, IF ANY:	_ TITLE		DATE	·
		*See Instructi	on On Reverse Side		



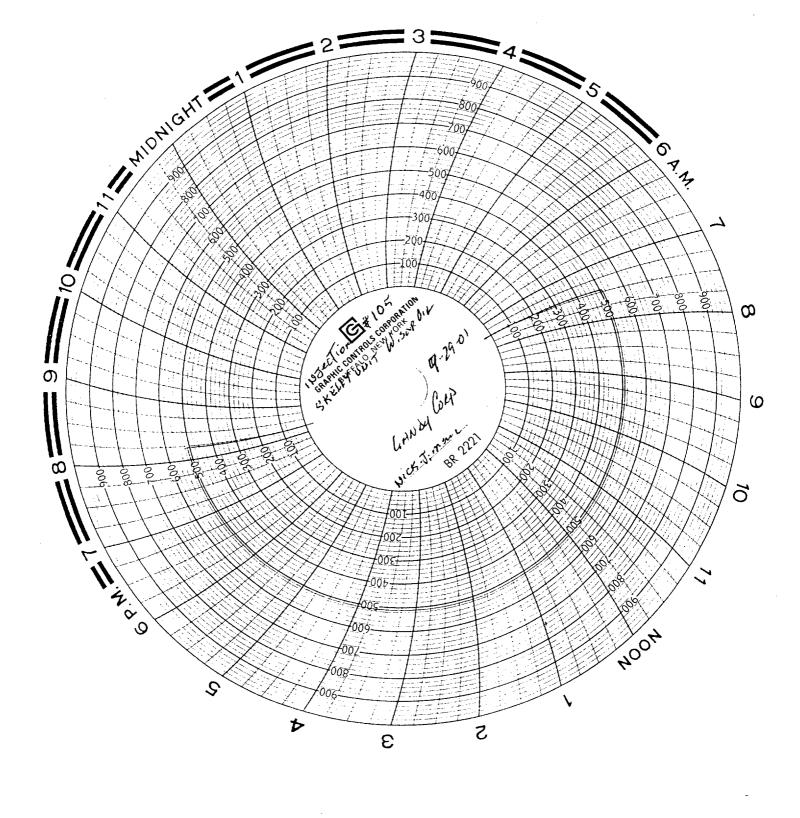
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	DEPARTI BUREAU	INITEL TATES MENT OF THE INT J OF LAND MANAGEM	IENT	reverse side)	ATOR'S COPY Budget Bureau No. 1004 Expires August 31, 19 5. LEASE DESIGNATION AND LC-029418-B N M	985
	his form for pro	ICES AND REPOR posals to drill or to deepen or p CATION FOR PERMIT - " for	olug back to	a different reservoir.	6. IF INDIAN, ALLOTTEE OR 1	RIBE NAME
	GAS WELL	OTHER WIW	such prope	<u>13613.7</u>	7. UNIT AGREEMENT NAME Skelly Unit	, , , ,
2. NAME OF OPERAT The Wiser Oil (8. WELL NO. 103	
3. ADDRESS OF OPER		- Maria 89240 (505)	202.07	07	9. API WELL NO.	
	L (Report locat	w Mexico 88240 (505) ion clearly and in accordance			30-015-05148 10. FIELD AND POOL, OR WIL Grayburg Jackson 7-Rivers-Q	N-GB-SA
560' FNL & 1980' F Unit C	WL				11. SEC., T., R., M., OR BLK. A SURVEY OR AREA Sec. 14-T17S-R31E	
14. PERMIT NO.		15. ELEVATIONS (Show w 3927' DF	hether DF,	RT, GR, etc.)	12. COUNTY OR PARISH Eddy County	13. STATE NM
16.	Check	Appropriate Box to indi	cate Natu	re of Notice, Report, or Oth		
٨	IOTICE OF INT	ENTION TO:		SUI	BSEQUENT REPORT OF:	
TEST WATER SHUT OF	² F	PULL OR ALTER CASING	;	WATER SHUT-OFF		
SHOOT OR ACIDIZE		ABANDON*		SHOOTING OR ACIDIZING (Other) Return Well t		
(Other)				(Note: Report re Completion or	esults of multiple completion on We Recompletion Report and Log form	.)
					lates, including estimated date of sta or all markers and zones pertinent to	
•••••THIS FORM IS IN RESPO	ISE TO NMOCD CAS	E NO. 12733				
2/27/01 Return well to in				ACC	CEPTED FOR RECORD	
		pressure chart attached, origin			OCT 2 5 2001 ALEXIS C. SWOBODA PETROLEUM ENGINEER	
18. I hereby certify that the f	pregoing is the	and correct	-			
SIGNED	Тихлиг		uction T	ech II	DATE September 29, 2	001
(This space for Federal or S	tate office use)	<u> </u>			en <u>Territoria de Canton</u> e en la composición	
APPROVED BY CONDITIONS OF APPRO	VAL, IF ANY:	TITLE			DATE	<u></u> :
		$2 + \frac{1}{2} I_{\rm c}$	· .			
		*See In	struction	On Reverse Side		
Fitle 18 U.S.C. Section 1001 fraudulent statements or repr	, makes it a crin esentations as to	te for any person knowingly ar any matter within its jurisdict	nd willfully ion.	to make to any department or age	ency of the United States any false, f	ictitious or

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Form 3160-5 (November 1983)		NITEL TATES	SUBMIT IN TRIPLICA	PERATOR'S COPY Budget Bureau No. 1004-01	135
(Formerly 9-331)		IENT OF THE INTERIOR OF LAND MANAGEMENT	(Other Instructions on reverse side)	Expires August 31, 1985	
	BOREAU			5. LEASE DESIGNATION AND SE LC-029418-B	RIAL NO.
		ICES AND REPORTS ON		6. IF INDIAN, ALLOTTEE OR TRII	BE NAME
(Do not u	ise this form for prop Use "APPLIC	posals to drill or to deepen or plug back to a CATION FOR PERMIT - " for such proposa	different reservoir.		
	GAS	OTHER		7. UNIT AGREEMENT NAME Skelly Unit	
WELL	WELL	WIW			<u> </u>
2. NAME OF OPER The Wiser Oi				8. WELL NO. 105	
3. ADDRESS OF OF		. Marrian 88240 (505) 202 070	7	9. API WELL NO. 30-015-05149	
		v Mexico 88240 (505) 392-979' ion clearly and in accordance with any State		10. FIELD AND POOL, OR WILDC	AT
See also space 1 At surface	7 below.)	•		Grayburg Jackson 7-Rivers-QN-C	3B-SA
1980' FNL & 19	80' FWI			11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA	
Unit F				Sec. 14-T17S-R31E	
14. PERMIT NO.	·····	15. ELEVATIONS (Show whether DF, R 3913' DF	T, GR, etc.)	12. COUNTY OR PARISH Eddy County	13. STATE NM
16.	Check	Appropriate Box to indicate Nature	e of Notice, Report, or Oth		
	NOTICE OF INT	ENTION TO:	SUE	BSEQUENT REPORT OF:	
	[]				[]
TEST WATER SHUT	<u></u>	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL	
FRACTURE TREAT		MULTIPLE COMPLETE	FRACTURE TREATMENT		
SHOOT OR ACIDIZI		ABANDON*	SHOOTING OR ACIDIZING	G ABANDONMENT *	
REPAIR WELL	· []	CHANGE PLANS		tegrity Test sults of multiple completion on Well	
(Other)			Completion or I	Recompletion Report and Log form.)	
proposed work. If	f well is directionall	ED OPERATIONS: (Clearly state all pertin y drilled, give subsurface locations and mea	sured and true vertical depths for	or all markers and zones pertinent to this	g any work.)
*****THIS FORM IS IN RE	SPONSE TO NMOCD CAS	E NO. 12733			
09/29/01 Test casing	to 500 PSI (Copy o	of pressure chart attached, original to NMOC	CD).	,	
		limenez with Gandy Corporation			
			ACCE		
				Lona	
				HEC 4	
			CAPIC	SBAD, NEW MEXICO	
			UANL	DAD, MEW MEATOUT	
					-
18. I hereby certify that t	he foregoing is true	and correct.	a a a a a a a a a a a a a a a a a a a	*. ***********************************	· · · · ·
SIGNED <u>Many</u> (Mary Jo T	Ja Junny	TITLE Production Te	ch II	DATE September 29, 200	1
(This space for Federal	or State office use)			n an	
APPROVED BY CONDITIONS OF APP	ROVAL, IF ANY		and the second	DATE TO ME AND	<u> </u>
			· · · · · · · ·		- 1
		*See Instruction C)n Reverse Side		



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Form 3160-5 UNITEL ATES (November 1983) (Formerly 9-331) DEPARTMENT OF THE INTER	R SUBMIT IN TRIPLICA: Budget Bureau No. 1004-0135 (Other 1975) Other 1975 CORputers August 31, 1985 reverse side)
BUREAU OF LAND MANAGEMEN	5. LEASE DESIGNATION AND SERIAL NO.
SUNDRY NOTICES AND REPORTS (Do not use this form for proposals to drill or to deepen or plug bac Use "APPLICATION FOR PERMIT - " for such p	to a different reservoir.
1. OIL GAS OTHER WELL WELL OTHER	7. UNIT AGREEMENT NAME Skelly Unit
2. NAME OF OPERATOR The Wiser Oil Company	8. WELL NO. 123
3. ADDRESS OF OPERATOR	9. API WELL NO.
P.O. Box 2568 Hobbs, New Mexico 88241 4. LOCATION OF WELL (Report location clearly and in accordance with any	te requirements. 30-015-22257
See also space 17 below.)	Fren Seven Rivers
At surface 560' FSL & 660' FWL Unit M	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 22-T17S-R31E
14. PERMIT NO 15. ELEVATIONS (Show whether 3812' GR	F, RT, GR, etc.) 12. COUNTY OR PARISH 13. STATE Eddy County NM
16. Check Appropriate Box to indicate	ature of Notice, Report, or Other Data
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
TEST WATER SHUT OFF PULL OR ALTER CASING	WATER SHUT-OFF REPAIRING WELL
FRACTURE TREAT MULTIPLE COMPLETE SHOOT OR ACIDIZE ABANDON*	FRACTURE TREATMENT ALTERING CASING SHOOTING OR ACIDIZING ABANDONMENT *
REPAIR WELL CHANGE PLANS	(Other) <u>Return well to production</u> (Note: Report results of multiple completion on Well
(Other) 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS: (Clearly state a	Completion or Recompletion Report and Log form.)
proposed work. If well is directionally drilled, give subsurface locations and m	sured and true vertical depths for all markers and zones pertinent to this work.) raper. RIH w/75 jts. 2-3/8" tbg. to 2360'. POH w/2-3/8" tbg. LD tools. RIH w/2-3/8" tbg.
9/19/01 RIH w/rods and 1-1/2" x 12' pump. Spaced well out. RDMO. Waiting c 9/21/01 Install pump jack and flowline. Connected electricity. Left pumping to Ba	ACCEPTED FOR RECORD
18. I hereby certify that the foregoing is true and correct.	
	Tech II DATE DATE September 30, 2001
(This space for Federal or State office use)	
APPROVED BY TITLE TITLE	DATE
CAMULTIONS OF APPROVAL. IF ANY	
	tion On Reverse Side

				A COLORINA AND A				
Form 3160-5 (Nevember 1983) (Formerly 9-331)	DEPART	JNITEL JTATES MENT OF THE INTE		SUBMIT IN TRANSPORT	or's	Expires August 31, 1985	35	
BUREAU OF LAND MANAGEMENT				E DESIGNATION AND SER C-029420-B NM 98				
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.					6. IF INDIAN, ALLOTTEE OR TRIBE NAME			
	Use "APPLI	CATION FOR PERMIT - " for suc	ch propos	als.)				
1. OIL WELL	GAS WELL	OTHER P & A			(agreement name kelly Unit		
2. NAME OF OPERA The Wiser Oi					8. API N	No. -015-28140		
3. ADDRESS OF OPI			·····					
P.O. Box 25	68 Hobbs, l	New Mexico 88241			9. WELL NO. 161			
4. LOCATION OF W See also space 171 At surface		ion clearly and in accordance with a	any State	requirements.	10. FIELD AND POOL, OR WILDCAT San Andres - Grayburg			
At surface 1650' FSL & 2310' FWL Unit K					11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 28-T17S-R31E			
14. PERMIT NO	14. PERMIT NO 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3788' KB					INTY OR PARISH	13. STATE N.M.	
l6.	Check	Appropriate Box to indicate	e Natur	e of Notice, Report, or Othe		duy county	14.141	
10.	NOTICE OF INT					T REPORT OF:		
TEST WATER SHUT	OFF	PULL OR ALTER CASING		WATER SHUT-OFF		REPAIRING WELL		
FRACTURE TREAT		MULTIPLE COMPLETE		FRACTURE TREATMENT		ALTERING CASING		
SHOOT OR ACIDIZE		ABANDON*		SHOOTING OR ACIDIZING		ABANDONMENT *		
REPAIR WELL		CHANGE PLANS		(Other)(Note: Report results of	multiple c	ompletion on Well		
(Other) Plug & Ab	andon			Completion or Recomp				
proposed work. If v	ell is directionally	FED OPERATIONS: (Clearly state drilled, give subsurface locations a lug and Abondon the well b	nd measu	ent details, and give pertinent dates, red and true vertical depths for all m	including	estimated date of starting any		
SURFACE CASE	NG: 11-3/4" se	1@ 570 '653'	PROD	UCTION CASING: 8-5/8"	@ 5040	,		
PERFORATIONS 1. TIH w/tbg. & ta		מסזי						
2. Circulate aband								
3. POH to 2000' a								
4. Tag cement plu	1/1) *			1000	NIRT 6	SUBJECT TO		
5. POH to 900' an		S.I.					n	
6. Tag cement plu	$g_{\rm e}$ 100^{-1}					QUIREMENTS AN		
7. Perforate casing @ 550' and circulate cement to surface. SPEC					al Sti	PULATIONS ATTA	CHED	
8. Set 50' cement plug @ surface.								
9. Install dry hol	e marker.							
10 Clean location 18. I hereby certify that the	foregojagie true a	nd correct.		h			- <u></u>	
SIGNED	n.Jon	es titleSup	erinter	ndent	DATE	August 13,2001		
(This space for Federal or APPROVED BY	State office use)	watodate				AUG 2 1 200	1	
APPROVED BY (ALLIA) C. ALLI-O HOTA DIZE PETROLEUM ENGINEER DATE DATE DATE CONDITIONS OF APPROVAL IF ANY:								

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*See Instruction On Reverse Side

•	PLUGO	SING & ABAND	ONMENT WO	ORKSH	EE	T	(3 STRI	<i>/</i> /	•
	·		LEASENAM	K NAUZ	U A	oser C	and I	om	sany
. []]	1	11	LEASENAM		100	$\frac{\omega_{Y}}{\Pi}$	WELL	<u> </u>	161
			SECT	28	тм	JN	175		
			FROM	11.00	N	S)L	73/0	EANAL	
			TD:	1650	<u>,</u>	FOR	MATION	@ TD	
			PBTD:	12080	2	FOR	MATION		TD
				SIZE	S	ET @	TOC	TOC DET	ERMINED BY
		1 , 34	SURFACE	113/4		653	Surf.		
		@ 653'	INTMED 1	858"	5	5040'	400'	TS	
	1	TOC Sur!	INTMED 2						
			PROD	5/2"	/	2080	8100	TS	
	3586'	25 Conton plug		SIZE		TOP	BOT	700	DETERMINED I
	CEAP	TOC Sur! 25'Cmt on plug 36 68 - 3821	LINER 1	1					
†		+36 68 - 3821	LINER 2		ŀ				
		<u>, '</u> ,,		CUT & I	PUL	L @		TOF	- BOTTO
	15Sps	5/8	INTMED 1				PERFS	3668	
	5032'	<u>@0</u>	INTMED 2				OPENHOLE		•
5100	45 8 la	TOC 600'	PROD	51/2"	T	8000'			
3100	Critplug		* REQUIRED PLU						
					*	PLUG	TYPE	SACKS	DEPTH
1		OL-IIM	YATES	1	1	1	PLUG	CMNT	
	8000'	(ut 5/2 (sg	QUEEN		1	EXAMPLES			
	,	+ pulled.	ORAYBURG		1	PLUG # 1	ОН	25 SXS	9850'
Į	8058	S Line	SAN ANDRES		1	PLUG#2	SHOE	50 SXS	8700'-8800'
]	Set 60 Sfs			1	PLUG #3	CIBP/35'		5300'
		Cut 51/2 Cog + pulled. Set 60 545 Coment plug	CAPITAN REEF	[*	PLUG#3	CIBP	25 SXS	5300
·				1	1	PLUG # 4	STUB	50 SXS	4600'-4700'
	35 Crut	1, 200' 11, 700'	DELAWARE		1		RETNR SQZ		400
	CIPY	1,200	BELL CANYON		1	PLUG#7	SURF	10 SXS	0-10'
	CIBP	11,700'	CHERRY CANYON		1	PLUG #1	Crut	60	8058'
[/	BRUSHY CANYON		1	PLUG#2	Crut	45	5100'
			BONE SPRING	1	1	PLUG#3	Crut	15	5032
		51/2"		1	1	PLUG#4	CEBP		3586'
L	L	<u>@ 12080</u> TO <u>C 8600'</u>	GLORIETA		*	PLUG#5	Cmt	30	3561
		TOC \$600'	BLINEBRY		1	PLUG # 6			· · · · · · · · · · · · · · · · · · ·
			TUBB		1	PLUG#7	<u> </u>	1	
			DRINKARD	<u> </u>	1	PLUG#1	<u> </u>		
			ABO	1	1	PLUG # 9	ļ		
				1	1	PLUG # 10			
			wc	1	1	PLUG	[
			PENN		1	PLUG #		[
			STRAWN		1		1		
			АТОКА		1				
			MORROW		1		<u> </u>		
		TD	\$033	1	1				
			DEVONIAN	1	1	[1		
				+	1	I	├── ──	t	

BUREAU OF LAND MANAGEMENT Roswell Field Office 2909 West Second Street Roswell, New Mexico 88201 505-627-0272

Permanent Abandonment of Federal Wells Conditions of Approval

Failure to comply with the following Conditions of Approval may result in a Notice of Incidents of Noncompliance (INC) in accordance with 43 CFR 3163.1.

1. Plugging operations shall commence within <u>thirty (30)</u> days from the approval date of this Notice of Intent to Abandon.

2. <u>Notification:</u> Contact the appropriate BLM office at least 24 hours prior to the commencing of any plugging operations. For wells in Chaves and Roosevelt County, call 505-627-0272, Eddy County call 505-234-5972; for wells in Lea County call 505-393-3612.

3. <u>Blowout Preventers</u>: A blowout preventer (BOP), as appropriate, shall be installed before commencing any plugging operation. The minimum BOP requirement is a 2M system for a well not deeper than 9,090 feet; a 3M system for a well not deeper than 13,636 feet; and a 5M system for a well not deeper than 22,727 feet.

4. <u>Mud Requirement:</u> Mud shall be placed between all plugs. Minimum consistency of plugging mud shall be obtained by mixing at the rate of 25 sacks (50 pounds each) of gel per 100 barrels of water. Minimum nine (9) pounds per gallon.

5. <u>Cement Requirement</u>: Sufficient cement shall be used to bring any required plug to the specified depth and length. Any given cement volumes on the proposed plugging procedure are merely estimates and are not final.

Unless otherwise specified in the approved procedure, the cement plug shall consist of either class "C", for up to 7,500 feet of depth, mixed at 14.8 lbs./gal. with 6.3 gallons of fresh water per sack or class "H", for deeper than 7,500 feet plugs, mixed at 16.4 lbs./gal. with 4.3 gallons of fresh water per sack.

6. <u>Dry Hole Marker</u>: All casing shall be cut-off at the base of the cellar or 3 feet below final restored ground level (whichever is deeper). The well bore shall then be capped with a 4-inch pipe, 10-feet in length, 4 feet above ground and embedded in cement. The following information shall be permanently inscribed on the dry hole marker: Well name and number, the name of the operator, the lease serial number, the surveyed location (the quarter-quarter section, section, township and range or other authorized survey designation acceptable to the authorized officer; such as metes and bounds).

7. <u>Subsequent Plugging Reporting:</u> Within 30 days after plugging work is completed, file one original and five copies of the Subsequent Report of Abandonment, Form 3160-5 to BLM. The report should give in detail the manner in which the plugging work was carried out, the extent (by depths) of cement plugs placed, and the size and location (by depths) of casing left in the well. <u>Show date well was plugged.</u>

8. <u>Trash:</u> All trash, junk and other waste material shall be contained in trash cages or bins to prevent scattering and will be removed and deposited in an approved sanitary landfill. Burial on site is not permitted.

Following the submission and approval of the Subsequent Report of Abandonment, surface restoration conditions of approval will be developed and furnished to you.

(rev. 5/30/2000)

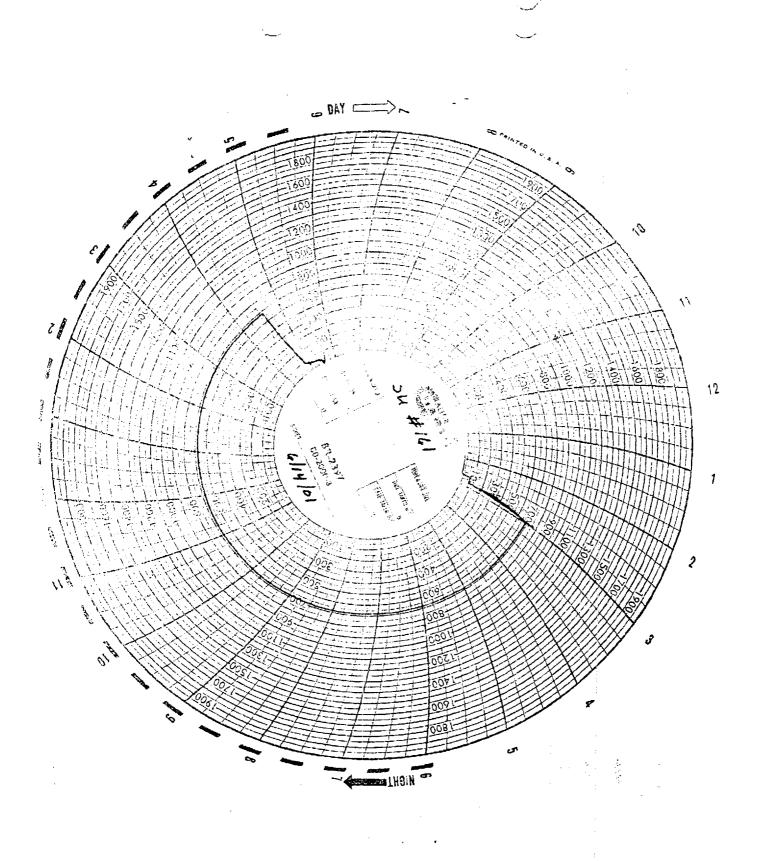
acs -- coa.p&a

(November 1983) (Formerly 9-331) DEPARTI	JNITEL →TATES MENT OF THE INTERIOR J OF LAND MANAGEMENT	(Other Instructions on reverse side)	5. LEASE DESIGNATION AND SEI -LC-029420-B NH 9 S	RIAL NO.			
(Do not use this form for pr	TICES AND REPORTS ON oposals to drill or to deepen or plug back to a CATION FOR PERMIT - " for such propos	different reservoir.	6. IF INDIAN, ALLOTTEE OR TRIE				
I. OIL GAS WELL WELL	7. UNIT AGREEMENT NAME Skelly Unit						
2. NAME OF OPERATOR The Wiser Oil Company	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		8. API No. 30-015-28140				
3. ADDRESS OF OPERATOR		<u> </u>	9. WELL NO.				
P.O. Box 2568 Hobbs, 1 4. LOCATION OF WELL (Report locat See also space 17 below.) At surface	New Mexico 88241 ion clearly and in accordance with any State	requirements.	161 10. FIELD AND POOL, OR WILDCAT Grayburg Jackson San Andres				
1650' FSL & 2310' FWL UI	uit K		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 28-T17S-R31E				
14. PERMIT NO	PERMIT NO 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3788' KB			13. STATE N.M.			
16. Check	Appropriate Box to indicate Natur	e of Notice, Report, or Oth	Eddy County				
NOTICE OF IN	TENTION TO:	su	BSEQUENT REPORT OF:				
TEST WATER SHUT OFF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL				
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING				
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZIN	ABANDONMENT *				
REPAIR WELL	San Andres						
(Other)	FED OPER ATTONS (Clearly state all parti		ompletion Report and Log form.)				
	drilled, give subsurface locations and measu	red and true vertical depths for all	markers and zones pertinent to this work.)				
06/06/01 Tagged cmt. @ 3590'. Drld. to 36	20'. Tagged CIBP & drid. out. Fell to 3630	". Tagged 2nd CIBP & drid. to 36	635'. Cleaned out to 4029'. Pulled to 350	0'.			
06/07/01 Computalog perforated Grayburg 3768'-90', 3802',03' & 21' w/2 SPF. RD WL. RIH w/8-5/8" pkr. on 2-7/8" tbg. to 3700'.							
06/08/01 Hughes WS dropped stading valve leaking @ 4000#. Pulled pkr. to 3	& tested the to 4500#. Spotted 200 gals. 15 5,000# & leaked. Pkr. would not unset. Op		als. Set pkr. @ 3700'. Broke perfs. & four	nd back side			
06/11/01 MIRU Tyler WS. Worked pkr. free. POH w/tbg. & pkr. Left slips of pkr. in hole.							
06/12/01 RIH w/AD-1 pkr. & 119 jts. 2-7/8" tbg. to 3825'. Hughes spotted 200 gals. 15% NE-FE acid across perf. Set pkr. @ 2732'. Broke perfs. @ 2500#. Acidized Grayburg f/3768'-3821' w/2500 gals. 15% NE-FE acid w/70 ball sealers. Good ball action. Best block 1000#. Best break 850#. ATP 2600# @ 2.8 bpm. MTP 3500# @ 3.2 bpm. ISIP 2400#. 5 min. 2260#. 10 min. 2220#. 15 min. 2190#. 1 hr. SI 2000#.							
06/13/01 Unset pkr. POH w/2-7/8" tbg. LD	8-5/8" pkr. Shut BOP. Left csg. valve oper	n to frac tank.					
06/14/01 RU Computalog WL. RIH w/8-5/	8" CIBP to 3586'. Set CIBP & capped w/25	'cement. RD WL. RIH w/2-7/8"	'tbg. to 3550'. Circ. 140 bbls. pkr. fluid.	LD work string.			
18. I hereby certify that the foregoing	- D.1.4	~					
SIGNED Mary Op Junan	TITLE <u>Production</u>		DATE <u>August 13,2001</u>	-			
(This man for Foderal as Older office was)		A	CCEPTED FOR RECORD	+			
(This space for Federal or State office use)			The second se				
APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	TITLE		AUG 2 1 2001				
	*See Instruction	On Reverse Side	ALEXIS C. SWOBODA				

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or a gency of the Third State of Fall Third State of Faudulent statements or representations as to any matter within its jurisdiction.

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	JNITEL_TATES MENT OF THE INTERIOR J OF LAND MANAGEMENT	SUBMIT IN TRITLICATE (Other Instructions on reverse side)	COB Aget Bureau No. 1004- Expires August 31, 198	5	
			-LC-029420-B NM 9		
(Do not use this form for pro	FICES AND REPORTS ON posals to drill or to deepen or plug back to a di CATION FOR PERMIT - " for such proposals	fferent reservoir.	6. IF INDIAN, ALLOTTEE OR TR	BE NAM	
I. OIL GAS WELL WELL	OTHER	2	7. UNIT AGREEMENT NAME Skelly Unit		
2. NAME OF OPERATOR			8. API No.		
The Wiser Oil Company 3. ADDRESS OF OPERATOR			30-015-28140		
P.O. Box 2568 Hobbs, P	Very Merico 88241		9. WELL NO. 161		
4. LOCATION OF WELL (Report locati	on clearly and in accordance with any State rec	virements	10. FIELD AND POOL, OR WILDCAT		
See also space 17 below.) At surface			Grayburg Jackson San	Andre	
-			11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA		
1650' FSL & 2310' FWL Un	út K		Sec. 28-T17S-R31E		
14. PERMIT NO	15. ELEVATIONS (Show whether DF, RT 3788' KB	GR, etc.)	12. COUNTY OR PARISH Eddy County	13. S1 N.	
i6. Check	Appropriate Box to indicate Nature	of Notice, Report, or Othe		يتبين مح مراس	
NOTICE OF INT	ENTION TO:	SUE	SEQUENT REPORT OF:		
TEST WATER SHUT OFF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL	Ĺ	
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING	"	
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	ABANDONMENT *		
REPAIR WELL	CHANGE PLANS	•	of multiple completion on Well		
(Other) 17. DESCRIBE PROPOSED OR COMPLET	ED OPERATIONS: (Clearly state all pertinen		npletion Report and Log form.) including estimated date of starting any	,	
proposed work. If well is directionally	drilled, give subsurface locations and measured 2-7/8" work string. RU reverse unit. ND WH.	and true vertical depths for all n	arkers and zones pertinent to this work.		
06/06/01 Tagged cmt. @ 3590'. Drld. to 36	20'. Tagged CIBP & drkl. out. Fell to 3630'.	Tagged 2nd CIBP & drid. to 363	5'. Cleaned out to 4029'. Pulled to 35	00'.	
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	& tested the, to 4500#. Spotted 200 gals, 15%				
06/08/01 Hughes WS dropped stading value of leaking @ 4000#. Pulled pkr. to 35	5,000# & leaked. Pkr. would not unset. Open		: Set pkr. @ 3700'. Broke perfs. & fou	und back .	
leaking @ 4000#. Pulled pkr. to 3		by pass. S.I. well. RDMO.	, Set pkr. @ 3700', Broke perfs. & for	und back	
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		~*	~>ERATOR'S COPY			
Form 3160-5 (November 1983) (Formerly 9-331)	UNITEL STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT	SUBMIT IN TRIPLICA . L (Other Instructions on reverse side)				
	BUREAU OF LAND MANAGEMENT	·····,	5. LEASE DESIGNATION AND SERIAL NO. NM-98121			
	JNDRY NOTICES AND REPORTS ON use this form for proposals to drill or to deepen or plug back to a	different reservoir.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME			
<u> </u>	Use "APPLICATION FOR PERMIT - " for such proposa	ils.)	7. UNIT AGREEMENT NAME			
	GAS OTHER WELL		Skelly Unit			
2. NAME OF OPER The Wiser O			8. WELL NO. 264			
3. ADDRESS OF O			9. API WELL NO.			
P.O. Box 2:	568 Hobbs, New Mexico 88241		30-015-28999			
4. LOCATION OF See also space At surface	WELL (Report location clearly and in accordance with any State 17 below.)	e requirements.*	10. FIELD AND POOL, OR WILDCAT Grayburg Jackson 7-Rivers-QN-GB-SA			
			11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA			
20' FNL & 2619 Unit C			Sec. 27-T17S-R31E			
I4. PERMIT NO	15. ELEVATIONS (Show whether DF, R 3815'	T, GR, etc.)	12. COUNTY OR PARISH 13. STATE Eddy County NM			
16.	Check Appropriate Box to indicate Natu	re of Notice, Report, or Ot	her Data			
	NOTICE OF INTENTION TO:	SU	UBSEQUENT REPORT OF:			
TEST WATER SH	UT OFF PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL			
FRACTURE TREA	T MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING			
SHOOT OR ACID	ZE ABANDON*	SHOOTING OR ACIDIZIN	G ABANDONMENT *			
			o production results of multiple completion on Well			
(Other)			r Recompletion Report and Log form.)			
	OSED OR COMPLETED OPERATIONS: (Clearly state all pert well is directionally drilled, give subsurface locations and meas	inent details, and give pertinent	dates, including estimated date of starting any			
9/19/01 MIRU Key Well Service. ND WH. RU BOP. RIH w/4-3/4" bit, 5-1/2" scraper & 83 jts. 2-3/8" tbg. to 2545'. POH w/2-3/8" tbg. LD tools. RIH w/AD-1 pkr., SN & 82 jts. 2-3/8" tbg. Set pkr. @ 2515'. RU swab. Set pkr. @ 2300'. FFL 1000'.						
9/20/01 Set pkr. @ 2410'. RU swab. FFL 2000'. POH w/2-3/8" tbg. LD tools. RIH w/2-3/8" tbg. Tbg. @ 2497'. SN @ 2465'. RD BOP. NU WH.						
9/21/01 RIH w/rods an	d 1-1/2" x 12' pump. Hung well on. Left open to SU Battery "	B". RDMO. Waiting on electric	motor repair.			
9/26/01 Connected ele	ctricity. Left well pumping to Battery "B".	CCEPTED FOR REC	CORD			
		OCT 2 5 2001				
		ALEXIS C. SWOBOD				
		PETROLEUM ENGINE	ER			
	t the foregoing is true and correct.					
SIGNED Mary 9	TITLE Production Tech I	<u>u</u>	DATE <u>September 28, 2001</u>			
(This space for Federal or State office use)						
APPROVED BY CONDITIONS OF A	PPROVAL, IF ANY:		DATE			
*See Instruction On Reverse Side						