

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. DIV-Dist. 2

1301 W. Grand Avenue

Artesia, NM 88210

Budget Bureau No. 1004-0135
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT - " for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> Injection		5. LEASE DESIGNATION AND SERIAL NO. LC-029420-A	
2. NAME OF OPERATOR The Wiser Oil Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 2568 Hobbs, New Mexico 88241		7. UNIT AGREEMENT NAME Skelly Unit	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FNL & 660' FWL Unit D		8. WELL NAME AND NO. 18	
14. PERMIT NO		9. API WELL NO. 30-015-05154	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3886' DF		10. FIELD AND POOL, OR WILDCAT Grayburg Jackson 7-Rivers QN-GB-SA	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 15-T17S-R31E	
		12. COUNTY OR PARISH Eddy County	
		13. STATE NM	

16. Check Appropriate Box to indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other)	

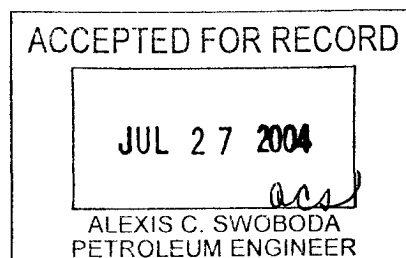
SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT * <input type="checkbox"/>
(Other) <u>Replace packer</u>	
(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS: (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured an true vertical depths for all markers and zones pertinent to this work.)

5/20/04 MIRU Key Well Service. ND WH. RU BOP. Pkr. not set. POH w/2-3/8" IPC tbg. LD 5-1/2" AD-1 pkr. Pkr. was sheared. RIH w/redressed 5-1/2" AD-1 pkr. on 2-3/8" IPC tbg. to 3260'. Circulate 75 bbls. pkr. fluid. Set pkr. @ 3260'. Test casing to 500# for 30 min. Held ok. Test performed/witnessed by Nick Jimenez with Gandy Corporation. Original chart to N.M.O.C.D. Copy of chart attached. Place well back to injection - 100 BWPD @ 1240#. RDMO.

Prior notification of tests
Is required by NMOCD
Rule 19.15.9.704.A(5)



18.

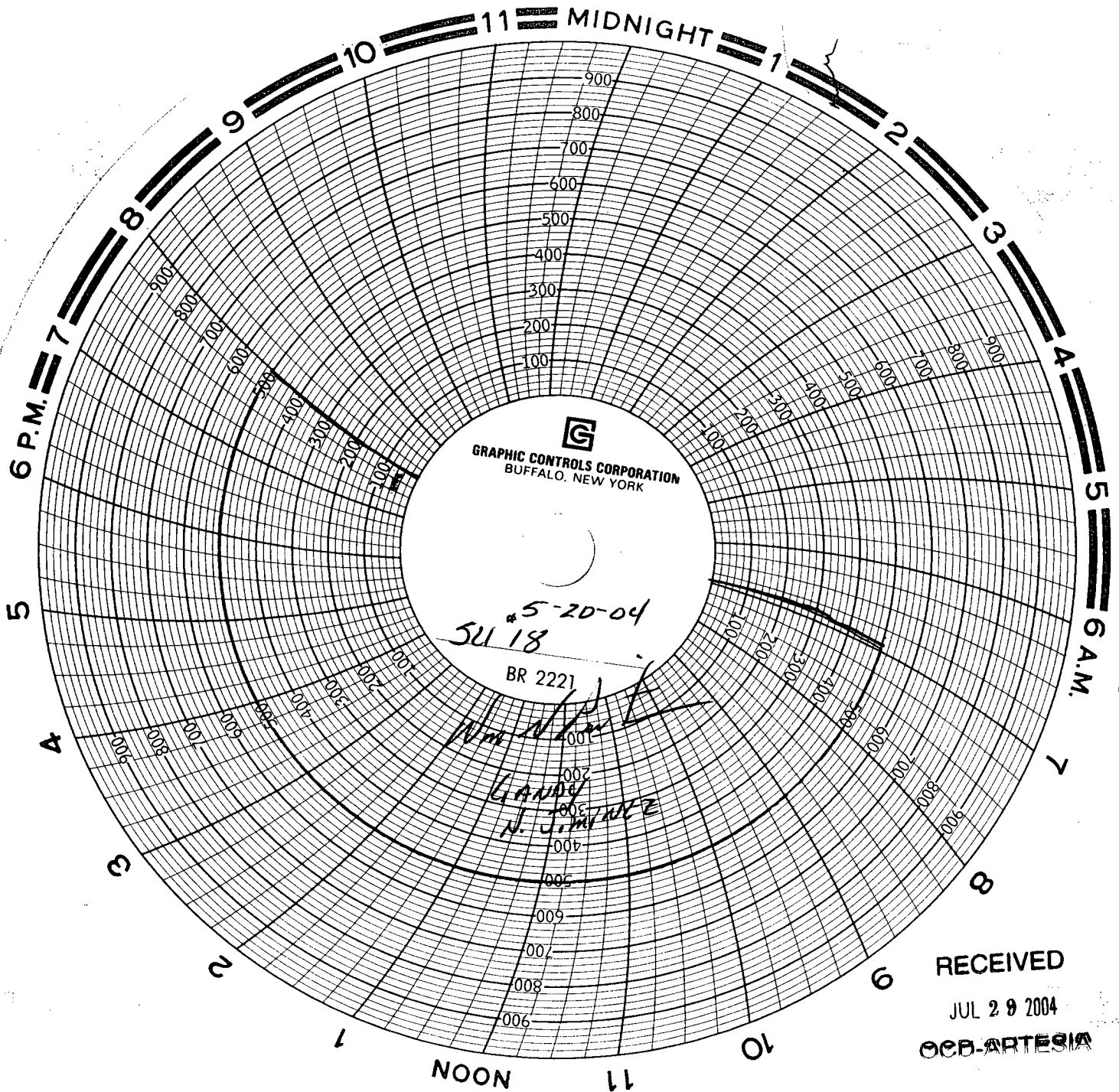
SIGNED Mary Jo Tuman TITLE Production Tech II DATE June 27, 2004

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE JUL 30 2004
CONDITIONS OF APPROVAL, IF ANY:

Accepted for record - NMOCD

*See Instruction On Reverse Side



RECEIVED
JUL 29 2004
OGB-ARTESIA