

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO.	30-015-05150
5. Indicate Type of Lease	Federal ☐ STATE ☐ FEE ☐
6. State Oil & Gas Lease No.	685460

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"
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:	OIL WELL ☒ GAS WELL ☐ OTHER ☐
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2. Name of Operator	The Wiser Oil Company
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3. Address of Operator	P.O. Box 2568 Hobbs, New Mexico 88241
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4. Well Location	Unit Letter 0 : 660 Feet From The South Line and 198 Feet From The East Line Section 15 Township 17S Range 31E NMPM Eddy County
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7. Lease Name or Unit Agreement Name	Skelly Unit
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8. Well No.	31
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9. Pool name or Wildcat	Grayburg Jackson 7-Rivers
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10. Elevation (Show whether DF, RKB, RT, GR, etc.)	3855'
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11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	PLUG AND ABANDONMENT ☐
	CASING TEST AND CEMENT JOB ☐
	OTHER: ☐

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

1. SET CIBP @ 3000'. SPOT 120 SXS CLASS "C" NEAT CMT TO FILL 5 1/2" SLOTTED LINER TO LINER TOP @ 1911'. SQUEEZE OUTSIDE LINER.
2. DISPLACE HOLE W/10# BRINE WTR W/25# GEL PER BARRELL MUD.
3. PERF, SQUEEZE 40 SXS CLASS "C" NEAT CMT @ 1620'.
4. PERF @ 718'. CIRC 220 SXS CLASS "C" NEAT CMT TO SURF FROM 8 1/2" X 10 3/4" CSGS THRU PERFS @ 718'.
5. INSTALL DRY HOLE MARKER, CLEAN LOC.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Poly Abalos TITLE Consultant DATE _____

TYPE OR PRINT NAME POLY ABALOS TELEPHONE NO. (915) 684-7601

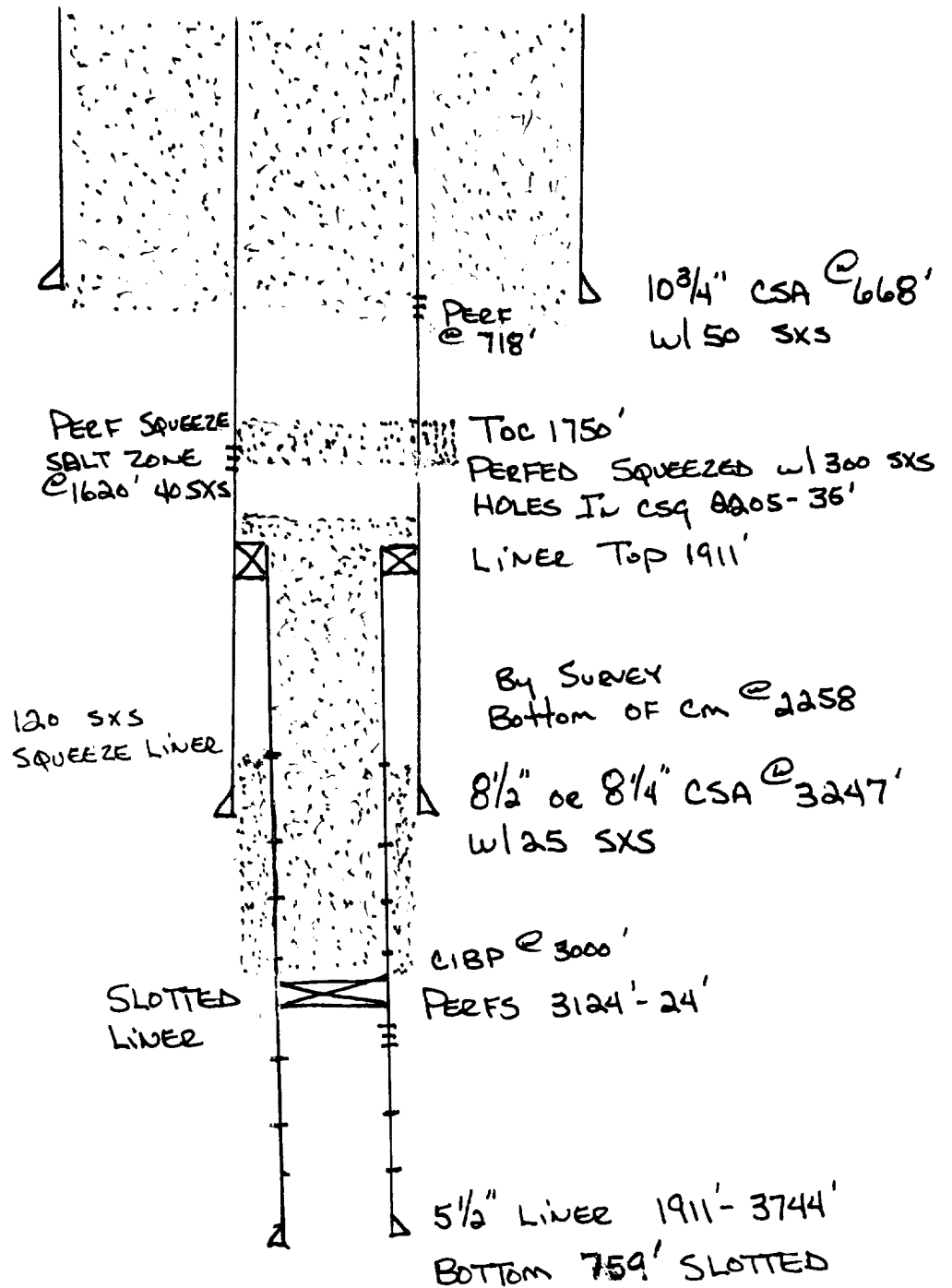
(This space for State Use) Jim W. Gunn District Supervisor

APPROVED BY _____ TITLE _____ DATE 8/22/97

CONDITIONS OF APPROVAL, IF ANY:

AFTER

SKELLY UNIT #31



BEFORE

SKELLY UNIT #31

