

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other Instructions on
reverse side)

Oil Cons.
N.M. DIV-Dist. 2
1-01 W. Grand Avenue
Alamogordo, NM 88210
Exp. Date: Aug 31, 1985

191

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> WIW		5. LEASE DESIGNATION AND SERIAL NO. LC-029420-B- NM 95122	
2. NAME OF OPERATOR The Wiser Oil Company ✓		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 2568 Hobbs, New Mexico 88240		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' FSL & 1980' FWL Unit N		8. WELL NAME AND NO. 16	
		9. API NO. 30-015-05334	
		10. FIELD AND POOL, OR WILDCAT Fren Seven Rivers	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 21-T17S-R31E	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3803' DF	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) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

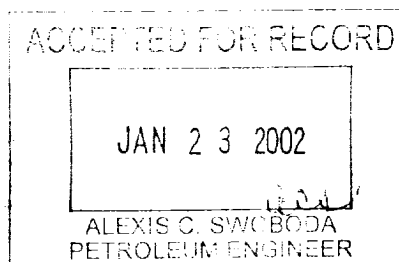
WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	
(Note: Report results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

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

6/09/99 MIRU Pool Well Service. ND WH. NU BOP's. Release pkr POH w/68 jts. 2-3/8" IPC tbg. ND BOP's & unscrew WH. Pull out pkr. RIH w/new 8-5/8" AD-1 pkr. NU BOP's. RIH w/2-3/8" IPC tbg. Test tbg. to 4000# above the slips. ND BOP's. Circulate pkr fluid. Set pkr. @ 2124' w/18,000# tension. NU injection line. Left well injection 450 BWPD @ 0#.

6/10/99 Test csg. 300# for 15 minutes. RDMO. Set up MIT test w/State for 6/14/99 @ 9:00 a.m.

6/14/99 Ran MIT. Witnessed by State. State retained chart.



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

SIGNED Mary Jo Turner TITLE Production Tech II DATE January 12, 2002

Mary Jo Turner

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

Accepted for record

JAN 29 2002

See Instruction On Reverse Side

Title 1
statement

only

y and willfully to make to any department or agency of the United States any false, fictitious or fraudulent