30-015-05346

Oslid-Property-Pool-2001

2416237 - " 2416237 - " 24164 - 0 Form 3160-5 (November 1983) (Formerly 9-331)

UNITF FATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

Oil Cons.
SUBMIT IN TRIPLICA. M. Divg-Distar 20. 1004-0135
(Other Instrution 1004 W. Grands Avenue 985

C151

BUREAU	OF LAND MANAGEMENT	reverse side Art	OSIQEASINES IN AND SERIAL NO.	
SUNDRY NOT	6. IF INDIAN, ALLOTTEE OR TRIBE NAME			
(Do not use this form for prop				
Use "APPLICATION FOR PERMIT - " for such proposals.)			7. UNIT AGREEMENT NAME	
OIL GAS OTHER WIW			Skelly Unit	
2. NAME OF OPERATOR			8. WELL NO. 45	
The Wiser Oil Company 3. ADDRESS OF OPERATOR			9. API Well No.	
P.O. Box 2568 Hobbs, New Mexico 88240 (505) 392-9797			30-015-05346	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)			10. FIELD AND POOL, OR WILDCAT Grayburg Jackson 7-Rivers-QN-GB-SA	
At surface			11. SEC., T., R., M., OR BLK. AND	
1980' FNL & 1980' FEL Unit G			SURVEY OR AREA Sec. 22-T17S-R31E	
14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)			12. COUNTY OR PARISH 13. STATE	
	3858' DF		Eddy County NM	
16. Check Appropriate Box to indicate Nature of Notice, Report, or Other Data				
NOTICE OF INTENTION TO:			JBSEQUENT REPORT OF:	
TEST WATER SHUT OFF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL	
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMEN	T ALTERING CASING	
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZIN	NG ABANDONMENT * L	
REPAIR WELL	CHANGE PLANS	NGE PLANS (Other) Return Well to Injection (Note: Report results of multiple completion on Well		
(Other) 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				
17. DESCRIBE PROPOSED OR COMPLET proposed work. If well is directionall	TED OPERATIONS: (Clearly state all per y drilled, give subsurface locations and t	ertinent details, and give pertinent measured and true vertical depths	for all markers and zones pertinent to this work.)	
*****THIS FORM IS IN RESPONSE TO NMOCD CAS	.E NO. 12733			
04/11/01 Return well to injection.			EPTED FOR RECORD	
09/29/01 Test casing to 500 PSI (Copy of pressure chart attached, original to NivioCD).				
Performed/witnessed by Nick Jimenez with Gandy Corporation				
			24 22	
	Fra.			
			ALEXIS C. SWOBODA	
		REST PE	ETROLEUM ENGINEER	
	<u> </u>	in AP 187		
18. I hereby certify that the foregoing is true	: and correct.			
SIGNED Mary Go Tuney	TITLE Production Tech II		DATE September 29, 2001	
Mary Jo Turner (This space for Federal or State office use))			
APPROVED BY CONDITIONS OF APPROVAL, IF ANY	TITLE		DATE	
CONDITIONS OF AFFROYAL, IF AN I.	•			