

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Cons. Division
811 S. 1st Street
Artesia, NM 88210-2834
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"/> WIW		5. LEASE DESIGNATION AND SERIAL NO. LC-029419-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 (505) 392-9797		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 1980' FSL & 660' FEL Unit I		8. FARM OR LEASE NAME	
14. PERMIT NO		9. WELL NO. 51	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3851' 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. 22-T17S-R31E	
		12. COUNTY OR PARISH Eddy	
		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 checked="" type="checkbox"/>

(Other) Conversion to Injection

(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.)

04/05/97 MIRU Ram Well Service. LD pump & rods. ND WH. NU BOP. POH w/2-3/8" tbg.

04/07/97 RIH w/8-5/8" R-4 pkr. on 2-3/8" tbg. Set pkr. @ 3162'. RU injection line. Loaded csg. Circ. hole clean. Tested csg. to 500#. Would not hold at 3170'. POH to 3131'. Tested to 500#. Held ok. Released R-4 pkr.. LD 2-3/8" work string.

04/08/97 HLS ran GR-CCL f/3620' to 2500'. Set CIBP @ 3610'. Dumped 1 sk. cmt. on CIBP. RIH w/8-5/8" AD-1 pkr. on 2-3/8" IPC tbg. Set pkr. @ 3109'. ND BOP. NU WH. HES pumped 190 bbls. pkr. fluid & acidized San Andres Grayburg perms. 3215'-3574' w/3500 gals. 15% Fer-check acid and 1500# rock salt. Formation broke @ 900#. Had good block action. ATP 2850# @ 5 bpm. MTP 3620# @ 7.1 bpm. ISIP 1976#. 5 min. 1907#. 10 min. 1880#. 15 min. 1853#.

04/10/97 NU WH. Initial injection rate 200 BWPD @ 500#.

ACCEPTED FOR RECORD

MAY 21 2001

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

SIGNED Mary Jo Turner TITLE Production Tech II DATE April 5, 2001

(This space for Federal or State office use)

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

*See Instruction On Reverse Side

RECEIVED
BUREAU OF LAND MANAGEMENT
FEDERAL BUREAU OF SURVEY

NOV 15 11 01 AM '04

RECEIVED