

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE \*  
(Other Instructions on  
reverse side)

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

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		5. LEASE DESIGNATION AND SERIAL NO. LC-029418-B	
1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> WIW		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR The Wiser Oil Company		7. UNIT AGREEMENT NAME Skelly Unit	
3. ADDRESS OF OPERATOR P.O. Box 2568 Hobbs, New Mexico 88240 (505) 392-9797		8. WELL NO. 46	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface  1980' FNL & 560' FEL Unit H		9. API WELL NO. 30-015-05357	
		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	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3866' 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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Perforate Grayburg</u>	
(Other)		(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.)

2/19/02 MIRU Key Well Service. ND WH Isolate short string. RU BOP POH w/70 jts. 1.660 IPC tbg. (2225.86') & Otis J-Latch seal assembly

2/20/02 RU to pull long string. POH w/70 jts. 1.660 IPC tbg. (2231.51'), 4-1/2" Otis dual D.T.S. tension pkr., 2-3/8" 8rd pin x 1.66 C.S.C.B. hydril box, 26 jts. 2-3/8" IPC XPC tbg. (834.96') & 2-3/8" x 4-1/2" Howco R-4 pkr. RU BOP. RIH w/3-7/8" cone bit, 4-1/2" scraper & bit sub on 2-3/8" tbg. to 3200'. Tag scale & worked to 3235'. POH w/2-3/8" tbg. LD 4-1/2" scraper. RIH w/ 3-7/8" cone bit, bit sub & 2-3/8" tbg. to 3235'. Could not work down. Pull up to 2200'.

2/21/02 RU ABC reverse unit.

2/22/02 POH w/2-3/8" IPC tbg. LD bit & sub. RIH w/3-1/2" cutrite shoe, 1 jt. 3-1/2" wash pipe, DC's & 2-3/8" work string to 3220'. Wash to 3365'. Pull up to 2000'.

2/25/02 RIH & tag fill @ 3365'. Wash to 3500'. Tag pkr. & cut it out. Wash to 3691'. Circulate hole clean. POH w/2-3/8" tbg. LD DC's & tools.

2/26/02 RU Signal WL. RIH w/4-1/2" CIBP. Could not get past 3512'. POH. Did not set CIBP. Perforate Grayburg 73269'-71'-3310'-12'-27'-41'-84'-85'-3399'-3402'-08'-19'-46'-48'-58' & 85'-87'. RD WL. RIH w/2-3/8" x 4-1/2" R-4 pkr., 25 jts. 2-3/8" IPC XPC tbg., 2-3/8" x 4-1/2" tandem tension pkr. & 71 jts. 2-3/8" tbg. Bottom hole @ 3055'. Top pkr. @ 2236'. Circulate 90 bbls. pkr. fluid. Set pkr. Test csg. annulus to 500# for 30 min. Held. RD BOP. NU WH.

2/27/02 RDMO. Place well back on injection - 300 BWPD @ 1400#.

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

SIGNED Mary Jo Turner TITLE Production Tech II DATE May 7, 2002

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY \_\_\_\_\_

\*See Instruction On Reverse Side

SKU #46

NICK-T.

1/21/11  
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