

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

C/SF

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"/> Injection | | 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 | | 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' FNL & 660' FWL Unit E | | 8. WELL NAME AND NO. 101 | |
| | | 9. API WELL NO. 30-015-05358 | |
| | | 10. FIELD AND POOL, OR WILDCAT Grayburg Jackson Fren 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.) 3829' | 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 checked="" 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"/> | |

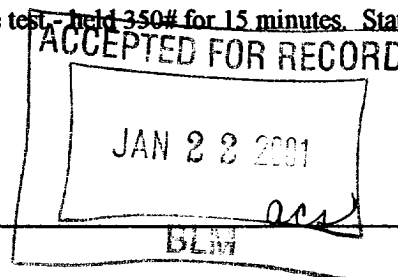
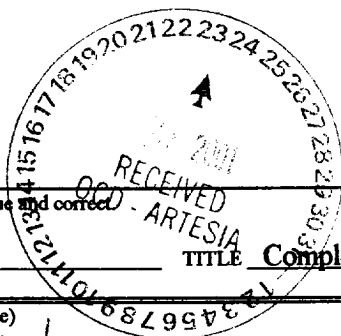
(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)

04/09/99 Notify OCD.

04/12/99 MIRU Pool WS. ND WH. NU BOP's. Released pkr. & POH. POH w/97 jts. 2-3/8" IPC tbg. RIH w/AD-1 pkr. & 96 jts. 2-3/8" IPC tbg. Tested tbg. to 5000#. ND BOP's. NU WH. Circulated 115 bbls. pkr. fluid. Set pkr. @ 2927.89' w/10,000# tension. Open hole (3020'-3430'). Started injection at 500 BWPD @ 400#.

04/13/99 Notified OCD @ 7:00 a.m. RDMO. Pkr. holding. Ran State test - held 350# for 15 minutes. State did not witness.
Final Report.



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

| | | |
|------------------------------|------------------------------------|--------------------------------|
| SIGNED <u>Mary Jo Turner</u> | TITLE <u>Completion Department</u> | DATE <u>September 24, 1999</u> |
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(This space for Federal or State office use)

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

*See Instruction On Reverse Side