

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

clst

Oil Cons.
N.M. Div. Dist. 2
1301 W. Grand Avenue
Artesia NM 88210

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.)

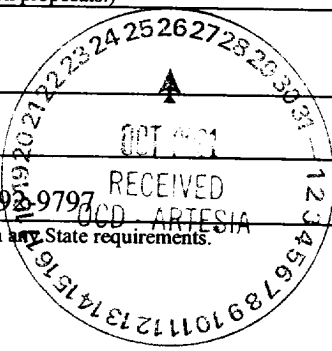
1. OIL ☐ WELL GAS ☐ WELL OTHER ☐ WIW

2. NAME OF OPERATOR
The Wiser Oil Company

3. ADDRESS OF OPERATOR
P.O. Box 2568 Hobbs, New Mexico 88240 (505) 398-9797

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



5. LEASE DESIGNATION AND SERIAL NO.
LC-029418-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
Skelly Unit

8. WELL NO.
47

9. API Well No.
30-015-05364

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. 23-T17S-R31E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3867' 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 ☐ PULL OR ALTER CASING ☐
FRACTURE TREAT ☐ MULTIPLE COMPLETE ☐
SHOOT OR ACIDIZE ☐ ABANDON* ☐
REPAIR WELL ☐ CHANGE PLANS ☐

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐ REPAIRING WELL ☐
FRACTURE TREATMENT ☐ ALTERING CASING ☐
SHOOTING OR ACIDIZING ☐ ABANDONMENT * ☒

(Other) Return Well to Injection

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

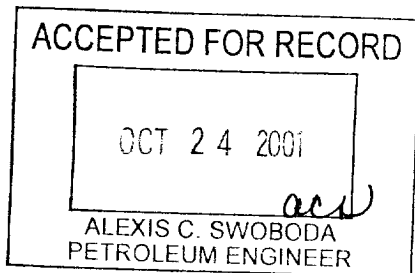
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS: (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent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

*****THIS FORM IS IN RESPONSE TO NMOCD CASE NO. 12733

04/10/01 Return well to injection.

09/29/01 Test casing to 500 PSI (Copy of pressure chart attached, original to NMOCD).

Performed/witnessed by Nick Jimenez with Gandy Corporation



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

SIGNED Mary Jo Turner
Mary Jo Turner

TITLE Production Tech II

DATE September 29, 2001

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instruction On Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

RECEIVED
2011-09-14 AM 10:47
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