

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\* Budget Bureau No. 1004-0135  
(Other Instructions on reverse side) Expires August 1, 1985

N.M. Oil Cons. Division  
811 S. 1st Street  
Artesia, NM 88210-2834

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. C-18210-2834	
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  450' FNL & 450' FEL Unit A		8. API WELL NO. 30-015-22262	
14. PERMIT NO		9. WELL NO. 128	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3861' GR		10. FIELD AND POOL, OR WI Fren Seven Rivers	
		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) <input type="checkbox"/>	

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) <u>Returned to production</u>	
(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.)\*

01/30/01 MIRU Key WS. ND WH. RU BOP. RIH w/drilling bailer. Tagged CIBP @ 2200'. Parted bailer. POH w/top half of bailer.

01/31/01 RIH w/overshot on 2-7/8" tbg. to 2702'. POH w/2-7/8" tbg. & LD fish. RIH w/4-3/4" bit, bit sub & DC's on 2-7/8" tbg. Tagged @ 2202'. Drilled CIBP loose and pushed down to 2485'. Circulated hole clean. POH w/2-7/8" tbg. LD DC's & tools.

02/01/02 RIH w/5-1/2" AD-1 pkr. & 2-7/8" tbg. to 2304'. Set pkr. RU swab. Rec'd 20 bbls. fluid. RD swab. POH w/2-7/8" tbg. LD tools.

02/02/01 RU Computalog & acidized Fren Seven Rivers f/2318', 24', 28', 30', 32', 42', 57', 59', 76', 78', 80', 82', 84', 2410', 32', 34' & 36' w/4 SPF (68 holes). - RD WL. RIH w/5-1/2" AD-1 pkr. on 2-7/8" tbg. to 2304'. Dropped standing valve. Pressured tbg. to 4000#. Held ok. Pickled tbg. w/200 gals. 15% HCL acid. Set pkr. @ 2250'. Acidized Fren Seven Rivers 2318'-2436' w/2000 gals. 15% HCL acid w/2000# rock salt. Best block 400#. Best break 350#. ATP 1750# @ 3.2 bpm. MTP 1810# @ 3.8 bpm. ISIP 1700#. 5 min. 1470#. 10 min. 1430#. 15 min. 1400#. Flushed w/32 bbls. fresh water.

02/05/01 POH & LD 75 jts. 2-7/8" tbg. Shut in BOP. RDMO. Waiting on production equipment.

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

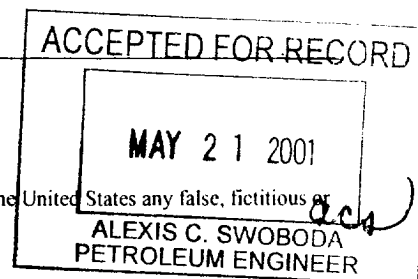
SIGNED Mary Jo Toney TITLE Production Tech II DATE April 10, 2001

(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**

MAY 15 2001

PLM  
ROSWELL, NM

**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

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1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		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 88241		8. API WELL NO. 30-015-22262	
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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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Returned to production</u>	
(Other)		(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

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(Continued)

02/15/01 MIRU Tyler WS. RIH w/2-3/8" collar, SN & 80 jts. 2-3/8" tbg. @ 2468'. RD BOP. NU WH.

02/16/01 RIH w/rods & 2" x 1-1/2" x 12' pump. SN @ 2468'. Left well pumping to SU Battery "A". RDMO.

\*Note: This well was previously shut in.

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

SIGNED Mary Jo Turner TITLE Production Tech II DATE April 10, 2001

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
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POSWELL, NM