

ECW - Artesia

CLSF

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

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

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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"/> T & A  |  | 5. LEASE DESIGNATION AND SERIAL NO.<br>LC-029420-B                       |                 |
| 2. NAME OF OPERATOR<br>The Wiser Oil Company  |  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                                     |                 |
| 3. ADDRESS OF OPERATOR<br>P.O. Box 2568 Hobbs, New Mexico 88241   |  | 7. UNIT AGREEMENT NAME<br>Skelly Unit                                    |                 |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.<br>See also space 17 below.)<br>At surface<br>1110' FSL & 2515' FWL<br>Unit N |  | 8. WELL NAME AND NO.<br>247  |                 |
|   |  | 9. API WELL NO.<br>30-015-28788  |                 |
|   |  | 10. FIELD AND POOL, OR WILDCAT<br>Grayburg Jackson 7-Rivers-QN-GB-SA     |                 |
|   |  | 11. SEC., T., R., M., OR BLK. AND<br>SURVEY OR AREA<br>Sec. 21-T17S-R31E |                 |
| 14. PERMIT NO   | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) | 12. COUNTY OR PARISH<br>Eddy   | 13. STATE<br>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) Temporarily Abandon

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 type="checkbox"/>   |

(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.)

The Wiser Oil Company wishes to Temporarily Abandon the Skelly Unit # 247 due to bacteria problems. The well is producing all water at this time. We do have plans to re-complete this well up hole later this year when the AFE is approved. If approved work would began March 7, 2001

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

SIGNED Mary Jo Turner TITLE Production Tech II DATE March 6, 2001

(This space for Federal or State office use)

APPROVED BY (ORIG SGD) JOE G. LARA TITLE \_\_\_\_\_ DATE 3/9/2001  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instruction On Reverse Side