

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

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 <input type="checkbox"/> WELL GAS <input type="checkbox"/> WELL OTHER <input type="checkbox"/> WIW		5. LEASE DESIGNATION AND SERIAL NO. LC-029418-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 88240 (505) 392-9797		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 560' FNL & 1980' FEL Unit B		8. WELL NO. 38	
		9. API WELL NO. 30-015-10770	
		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.) 3883' GR	12. COUNTY OR PARISH Eddy County	13. STATE NM

RECEIVED

JUN 16 2004

OB-ARTESIA

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) Plug & 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.) *

Wiser Oil respectfully request approval for remedial workover by the procedure listed below.

Perfs: 3313'-3618' PBTD : 600'

- MIRU unit. TIH w/bit to 600' and tag cement.
- Drill out cement @ 600', 1090' and 1800'. Pressure test csg. after each cement plug is drilled out.
- TIH w/pkr. to 3250'. Test csg. to 500# for 30 min. If csg. holds proceed. If csg. does not hold proceed to step # 7.
- TIH w/pkr. down to 3250' on 2-3/8" IPC tbg.
- Circulate pkr. fluid.
- Start injection.
- TIH w/CIBP & set @ 3300'. Spot 50 sks. cement plug on CIBP.
- Tag plug. Circulate abandonment mud.
- Spot 50' cement plug @ 1600'.
- Tag plug.
- Spot 50' cement plug @ 626'.
- Tag plug.
- Spot 50' cement plug @ surface.
- Install dry hole marker.

Accepted for record - NMOCD

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

SIGNED Mike Jones TITLE Superintendent DATE June 14, 2004

Mike Jones

(This space for Federal or State office use)

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

*See Instruction On Reverse Side