

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.)		5. LEASE DESIGNATION AND SERIAL NO. NM-098122	
		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> WIW		7. UNIT AGREEMENT NAME Skelly Unit	
2. NAME OF OPERATOR The Wiser Oil Company		8. WELL NAME AND NO. 65	
3. ADDRESS OF OPERATOR P.O. Box 2568 Hobbs, New Mexico 88241		9. API WELL NO. 30-015-05342	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2080' FNL & 1980' FEL Unit G		10. FIELD AND POOL, OR WILDCAT Grayburg Jackson 7-Rivers ON-GB-SA	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 21-T17S-R31E	
14. PERMIT NO	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3812' 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 <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) _____	

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) <u>Repair tbg. leak</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 an true vertical depths for all markers and zones pertinent to this work.) *

3/29/04 MIRU Eunice Well Service. ND WH. RU BOP. (Bottom pkr. sheared) POH w/2-3/8" tbg. LD pkrs. RIH w/redressed 5-1/2" AD-1 pkr., 4 jts. 2-3/8" IPC-EPC tbg., 5-1/2" tandem tension pkr., 95 jts. 2-3/8" IPC tbg. Top pkr. @ 2950'. Bottom pkr. @ 3087'. RD BOP. NU WH. Circulate 75 bbls. pkr. fluid. Set pkrs. Ran casing integrity test to 500# for 30 min. Copy of chart attached. Original to NMOCD. Test performed/witnessed by Nick Jimenez w/Gandy Corporation. Place well back to injection - 100 BWPD @ 1100#. RDMO.

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

SIGNED Mary Jo Turner TITLE Production Tech II DATE March 30, 2004

(This space for Federal or State office use)

APPROVED BY _____ TITLE Accepted for record - NMOCD DATE JUL 15 2004
CONDITIONS OF APPROVAL, IF ANY:

*See Instruction On Reverse Side

