

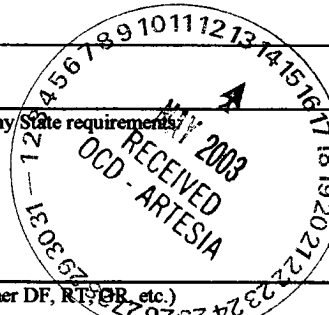
UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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

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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.)		LEASE DESIGNATION AND SERIAL NO. NM-98122	
1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		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. 30-015-28893	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1390' FNL & 2530' FEL Unit G		9. WELL NO. 221	
		10. FIELD AND POOL, OR WILDCAT Grayburg Jackson Seven Rivers QN-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, etc.) 3777'	12. COUNTY OR PARISH Eddy	13. STATE NM



16. Check Appropriate Box to indicate Nature of Notice, Report, or Other Data

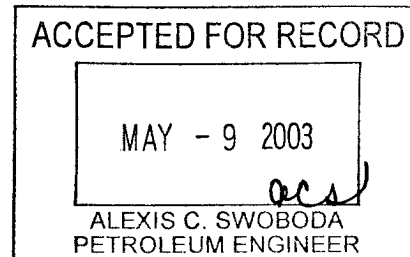
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Scale squeeze Grayburg and Seven River</u>	
(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.)

12/16/02 MIRU Eunice Well Service. Pump stuck in tbg. ND WH. RU BOP. Strip out of hole w/rods and tbg. LD BHA.

12/17/02 RIH w/5-1/2" pkr. on 2-7/8" tbg. to 2500'. Set pkr. Pump 220 gals. Unichem scale inhibitor # 793 mixed w/52 bbls. fresh water, squeeze Seven River 2120'-2213' down csg. w/half & Grayburg 2933'-3290' down tbg. w/half. Flush each zone w/100 bbls. fresh water. Seven River 1200# @ 1.5 bpm. Grayburg 2300# @ 2.2 bpm.

12/18/02 POH w/2-7/8" tbg. LD pkr. RIH w/2-7/8" tbg. Tbg. @ 3379'. SN @ 3348'. RD BOP. NU WH. RIH w/rods & 1-3/4" x 20' pump. Left well pumping to Skelly Unit Sat. # 3. RDMO.



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

SIGNED Mary Jo Turner TITLE Production Tech II DATE March 30, 2003

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

Accepted for record - NM OGD

*See Instruction On Reverse Side