

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Oil Cons.
N.M. DIV-Dist. 2

1301 W. Grand Avenue
Artesia, NM 88210

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 WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		RECEIVED NOV - 7 2003 OCD-ARTESIA		5. LEASE DESIGNATION AND SERIAL NO. LC-029419-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 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 2630' FNL & 1330' FWL Unit F				8. WELL NAME AND NO. 115	
				9. API WELL NO. 30-015-21089	
				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. 22-T17S-R31E	
14. PERMIT NO	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3837' GR	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) <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) <input type="checkbox"/>	
(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.)

8/11/03 MIRU Mayo Marrs Casing Pulling Inc. NU BOP. RU ABC reverse unit. RIH w/bit & collars. Drill 4' @ 2180'. Pull 1 jt.

8/12/03 Drill 1' and lower 2 jts. Drill 8-10'. Lower & tag CIBP @ 3202'. Circulate 25 bbls. 10# mud. Well flowing small stream. POH. RIH open ended & spot 50 bbls. mud. Spot 15 sks. cement f/3202'-3054'. Spot 45 sks. cement f/2400'-1861'. POH & WOC 4 hrs. Tag @ 1861'. Spot 25 sks. cement f/1861'-1526'. POH.

8/13/03 Tag @ 1526'. Spot 25 sks. f/716'-458'. WOC 4 hrs. Tag @ 458'. Perforate @ 200'. Could not pump into perms. Pressure test to 800#. Don Early w/BLM accepted plug. Spot 25 sks. f/230' to surface. Cut off WH and anchors. Level pit and cellar. Install dry hole marker. RDMO. Well is P & A.

Approved as to plugging of the well bore.
Liability under bond is retained until
surface restoration is completed.

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

SIGNED Mary Jo Turner TITLE Production Tech II DATE October 22, 2003

(This space for Federal or State office use)

APPROVED BY (ORIG. SGD.) ALEXIS C. SWOBODA PETROLEUM ENGINEER DATE NOV 04 2003
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions 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.

Accepted for Record
NMOCD