

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate. N.M. Div. 2, 1301 W. Grand Avenue, Artesia, NM 88210
(Other Instructions on reverse side) Bureau No. 1004-0135 Expires August 31, 1985

Oil Cons.

c/sr

WELL IDENTIFICATION AND SERIAL NO.
LC-029419-A

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> WIW		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 88240 (505) 392-9797		8. WELL NO. 41	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 250' ENL & 250' FEL Unit A		9. API Well No. 30-015-05343	
		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. 22-T17S-R31E	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3871' 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:

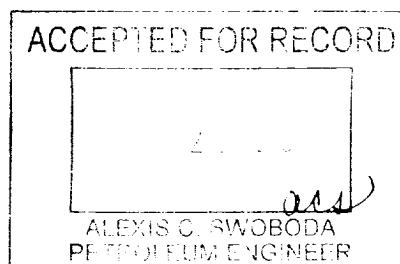
TEST WATER SHUT OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <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 checked="" type="checkbox"/>	ABANDONMENT * <input 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 and true vertical depths for all markers and zones pertinent to this work.)

10/11/01 RU Hughes Well Service. Acidized Grayburg 3200'-3544' w/1500 gals. 15% NE-FE acid w/500# rock salt. ATP 3000# @ 3.0 bpm. ISIP 2200#. Flushed w/30 bbls. produced water. Placed well back on injection 150 EWPD @ 1750#.



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

SIGNED Mary Jo Turner TITLE Production Tech II DATE November 11, 2001
Mary Jo Turner

(This space for Federal or State office use)

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

*See Instruction On Reverse Side