

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

CISF

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 well proposals.)

NM Oil Cons. Division

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> Injection <input checked="" type="checkbox"/> 811 S. 1st Street Artesia, NM 88210-2834		5. LEASE DESIGNATION AND SERIAL NO. LC-029419A	
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 (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 1980' FNL & 1980' FWL Unit F Section 22-T17S-R31E		8. FARM OR LEASE NAME	
14. PERMIT NO		9. WELL NO. 44 30-053-05354	10. FIELD AND POGL OR WILDCAT Grayburg Jackson 7-Rivers-QN-GB-SA
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3842'		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 22-T17S-R31E	
		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:

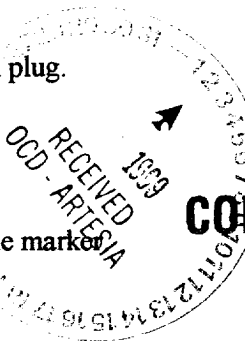
TEST WATER SHUT OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <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 type="checkbox"/>
(Other) <input type="checkbox"/>	
(Note: Report results of multiple	

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.)

1. Drill out cmt. and CIBP @ 2140'.
2. TIH w/CIBP & set @ 3350', Pump 10 sks. cmt. on plug.
3. Circulate abandonment mud.
4. Pump 25 sks. cmt. plug @ 2470'. TAG
5. Pump 25 sks. cmt. plug @ 1700'. TAG
6. Pump 25 sks. cmt. plug @ 700'.
7. Pump 10 sks. cmt. plug @ surface & install dry hole marker



SEE ATTACHED FOR
CONDITIONS OF APPROVAL

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

SIGNED XI. M. Jones TITLE Superintendent DATE June 15, 1999

(This space for Federal or State office use)

APPROVED BY (ORIG. SGD.) ALEXIS C. SWOBODA TITLE PETROLEUM ENGINEER DATE JUL 01 1999

CONDITIONS OF APPROVAL, IF ANY:

*See Instruction On Reverse Side