

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate  
(Other instructions on  
reverse side)

Oil Cons.

Div-Dist 2

Grand Avenue

Artesia, NM 88210

Budget Bureau No. 1004-0135  
Fiscal Year 2002, 1985

C/S R

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"/> P & A		5. LEASE DESIGNATION AND SERIAL NO. LC-029418-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 88240		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' FEL Unit G		8. WELL NAME AND NO. 49	
		9. API NO. 30-015-05359	
		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. 23-T17S-R31E	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3879' 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) P & A	
(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.)

12/19/01 MRU Mayo Marrs Casing Pulling Inc. Flow well down. Empty pit. Left well flowing to pit.  
12/20/01 Flow well down. Install BOP. Release pkr. POH w/3227' 2-3/8" IPC tb. Pick up 2 jts. work string. RIH w/CIBP & set @ 3289'. Circ. 10# mud. Circulate 130 bbls. over capacity to clean up well bore per BLM Homer Saenz. Spot 15 sks. cmt. @ 3289'-3078'. Perforate @ 1700'. RIH & set pkr. @ 1178'. Squeeze 35 sks. 1700'-1374'. Well on slight vacuum. POH w/pkr. Close in well.  
12/21/01 RIH & tag @ 1374'. Perforate @ 745'. RIH w/pkr. to 315'. Squeeze 65 sks. @ 745'-227'. Cmt. circulate on backside. Close well in until 12/26/01 per BLM.  
12/26/01 Tag cmt. @ 227'. Homer Saenz w/BLM witnessed. All ok. Cut off WH. Spot 10 sks. @ 50' to surface. RDMO. Install dry hole marker. Well is P & A.

Approved as to plugging of the well bore.  
Likely well bore is retained and  
surface restoration is completed.

Post P&A

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

SIGNED Mary Jo Turner TITLE Production Tech II DATE January 12, 2002  
(This space for Federal or State office use)  
APPROVED BY (ORIG. SGD.) ALEXIS C. SWOBODA TITLE PETROLEUM ENGINEER DATE JAN 23 2002  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instruction On Reverse Side

Title  
stater

Accepted for record

only JAN 29 2002

I hereby and willfully make to any department or agency of the United States any false, fictitious or fraudulent