Form 3160-5 (November 1983) (Formerly 9-331)

## 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

			5. LEASE DESIGNATION AND SEI LC-029418-A	RIAL NO.
SUNDRY NOTICES AND REPORTS ON WELLS			6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
(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.)				
OIL GAS OTHER WIW			7. UNIT AGREEMENT NAME Skelly Unit	
2. NAME OF OPERATOR	,		8. WELL NO.	
The Wiser Oil Company			38	
3. ADDRESS OF OPERATOR P.O. Box 2568 Hobbs, New Mexico 88240 (505) 392-9797			9. API Well No. 30-015-10770	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.			10. FIELD AND POOL, OR WILDCAT	
See also space 17 below.) At surface			Grayburg Jackson Seven Rivers QN-GB-SA	
At surface			11. SEC., T., R., M., OR BLK. AND	
560' FNL & 1980' FEL Unit B			SURVEY OR AREA Sec. 23-T17S-R31E	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, F	RT, GR, etc.)	12. COUNTY OR PARISH	13. STATE
	3883' GR		Eddy County	NM
16. Check	Appropriate Box to indicate Natur	e of Notice, Report, or Othe	r Data	
NOTICE OF INTENTION TO:			SSEQUENT REPORT OF:	
TEST WATER SHUT OFF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL	
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING	
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	ABANDONMENT *	
REPAIR WELL	CHANGE PLANS		bandon Status  f multiple completion on Well	
(Other)		Completion or Recomp	oletion Report and Log form.)	
proposed work. If well is directionally	TED OPERATIONS: (Clearly state all perting y drilled, give subsurface locations and measurandon status concerning the Skelly Unit #38. Wiser in	red and true vertical depths for all m	narkers and zones pertinent to this work.)	· ·
	Unit. The well is uneconomical. A one year extension	on is necessary to fully explore all options a	available to Wiser at this time. A casing integrity	y test
was ran November 30, 2001 to 500 PSI.				
Is approved	Abandon Status d until -30-02		RECEIVED OCD ARTES	121516
18. I hereby certify that the foregoing is true	and correct.			
SIGNED Mary Jo Turner	TITLE Production Te	ech II	DATE December 14, 2001	
(This space for Federal of State office use) APPROVED BY	ruy TITLE Complia	uce Officer	DATE 1-14-02	
CONDITIONS OF APPROVAL IF ANY	: /	1/		

\*See Instruction On Reverse Side