

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE *
(Other Instructions on
reverse side)

Oil Cons.
N.M. Div-Dist 2
Budget Bureau No. 1004-0135
1301 W. Grand Avenue
Artesia, NM 88210
Expires August 31, 1998
c151

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"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-898120	
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 660' FNL & 660' FEL Unit A		8. WELL NAME AND NO. 112	
		9. API WELL NO. 30-015-20549	
		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. 14-T17S-R31E	
14. PERMIT NO	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3941' 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"/>	

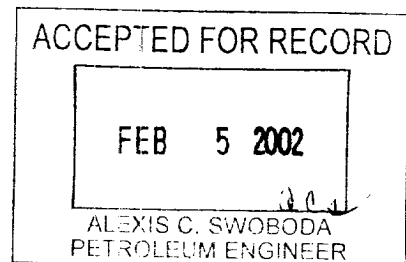
SUBSEQUENT REPORT OF:

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 type="checkbox"/>	ABANDONMENT * <input checked="" type="checkbox"/>
(Other) Remedial <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.)

11/29/99 MIRU Key Well Service. POH w/rods & pump. Drop standing valve. POH w/2-3/8" tbg. Found hole in bottom jt. RIH w/2-3/8" tbg. Tbg. @ 3910'. SN @ 3906'. RIH w/rods & 2" x 1-1/2" x 12' RHBC pump.

12/07/99 RU McClaskey & dump 500 gals. acid down csg. w/20 bbls. fresh water. Wait 30 minutes. Dump 30 bbls. fresh water. Shut in for 1 hr. Place well back on production.



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

SIGNED Mary Jo Tunney TITLE Production Tech II DATE December 19, 2001

(This space for Federal or State office use)

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

Accepted for record

See Instruction On Reverse Side

Title 1
statem

only FEB 7 2002

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

2007 SEP 24 10:24

RECEIVED

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