

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN THE FOLLOWING MANNER: Bureau No. 1004-0135

(Other instructions on reverse side)

Cons.
NM-Div-2
1301 W. Grand Avenue
Artesia, NM 88210

Expires August 31, 1985

1912

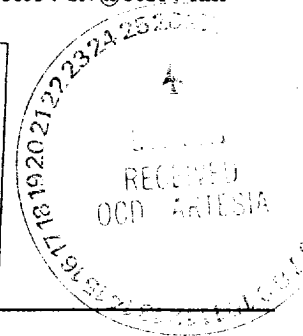
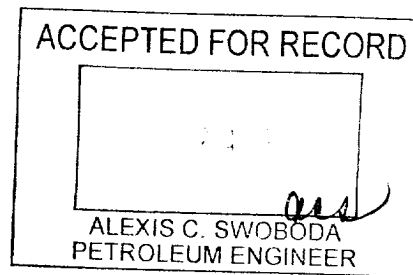
| | | | |
|--|--|---|-----------------|
| SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT - " for such proposals.) | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME | |
| 1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER | | 7. UNIT AGREEMENT NAME Skelly Unit | |
| 2. NAME OF OPERATOR The Wiser Oil Company | | 8. WELL NAME AND NO. 116 | |
| 3. ADDRESS OF OPERATOR P.O. Box 2568 Hobbs, New Mexico 88241 | | 9. API WELL NO. 30-015-21090 | |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1330' FSL & 130' FWL Unit L | | 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. 22-T17S-R31E | |
| 14. PERMIT NO | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3806.5' GR | 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: | | SUBSEQUENT REPORT OF: | |
| TEST WATER SHUT OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <input type="checkbox"/> | FRACTURE TREATMENT <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON* <input type="checkbox"/> | SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT * <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | (Other) <u>Acidize Seven Rivers</u> | |
| (Other) | | (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.)

9/15/98 MIRU Pool Well Service. Pump stuck. POH w/141 7/8" rods. ND WH. NU BOP's. Tally out of hole w/110 jts. 2-7/8" tbg. RIH w/RBP & pkr. on 2-7/8" tbg. Set RBP @ 2435'. Set pkr. @ 2413'. Tested RBP & tbg. to 3500#. Released pkr. Spotted converter. Pulled to 2156' & set pkr.

9/16/98 HES acidized Seven Rivers 2238'-2363' w/2000 gals. 15% NE-FE acid w/38 ball sealers. ATP 1750# @ 4 bpm. MTP 1810# @ 4.2 bpm. Good ball action. Did not ball out. ISIP 1555#. 5 min. 1430#. 10 min. 1360#. 15 min. 1296#. Released pkr. & POH. RIH w/2-7/8" tbg. ND BOP's. NU WH. Tbg. @ 3653'. SN @ 3621'. RIH w/rods and 2-1/2" x 1-3/4" x 16' RHAC pump. Left well pumping to Battery. RDMO.



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

SIGNED Mary Jo Turner TITLE Production Tech II DATE September 6, 2001

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instruction On Reverse Side

RECEIVED
2001 OCT 11 AM 9:47
BOSTON
ROSENBERG