

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

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 GAS ☐ WELL OTHER ☐

2. NAME OF OPERATOR
The Wiser Oil Company

3. ADDRESS OF OPERATOR
P.O. Box 2568 Hobbs, New Mexico 88241

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface
1880' FNL & 560' FWL
Unit E

14. PERMIT NO

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3855 GR

5. LEASE DESIGNATION AND SERIAL NO.
LC-029418-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
Skelly Unit

8. WELL NAME AND NO.
119

9. API WELL NO.
30-015-22253

10. FIELD AND POOL, OR WILDCAT
Grayburg Jackson Fren 7-Rivers-QN-GB-SA

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA
Sec. 23-T17S-R31E

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 ☐

PULL OR ALTER CASING ☐

FRACTURE TREAT ☐

MULTIPLE COMPLETE ☐

SHOOT OR ACIDIZE ☐

ABANDON* ☐

REPAIR WELL ☐

CHANGE PLANS ☐

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

REPAIRING WELL ☐

FRACTURE TREATMENT ☐

ALTERING CASING ☐

SHOOTING OR ACIDIZING ☐

ABANDONMENT * ☐

(Other) TA

(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.)

04/15/97 MIRU Tyler Well Service. LD rods. POH w/2-3/8" tbg. RIH w/5-1/2" CIBP and set @ 2224'. Pumped 55 bbls. pkr. fluid.
LD tbg. RDMO. Well is TA.

07/30/99 Ran casing integrity test 370# for 15 minutes. Final Report.

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

SIGNED Mary Jo Turner

TITLE Completion Department

DATE August 25, 1999

(This space for Federal or State office use)

APPROVED BY Record Only
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instruction On Reverse Side



