

**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.)

<b>1. OIL WELL</b> <input checked="" type="checkbox"/> <b>GAS WELL</b> <input type="checkbox"/> <b>OTHER</b> <input type="checkbox"/>		<b>5. LEASE DESIGNATION AND SERIAL NO.</b> LC-029418-A	
<b>2. NAME OF OPERATOR</b> The Wiser Oil Company		<b>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</b>	
<b>3. ADDRESS OF OPERATOR</b> P.O. Box 2568 Hobbs, New Mexico 88241		<b>7. UNIT AGREEMENT NAME</b> Skelly Unit	
<b>4. LOCATION OF WELL</b> (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1880' FNL & 560' FWL C-1-E		<b>8. WELL NAME AND NO.</b> 119	
<b>14. PERMIT NO</b>		<b>9. API WELL NO.</b> 30-015-22253	
<b>15. ELEVATIONS</b> (Show whether DF, RT, GR, etc.) 3855 GR		<b>10. FIELD AND POOL, GR WILDCAT</b> Grayburg Jackson Fren 7-Rivers-QN-GH-SA	
<b>16. Check Appropriate Box to indicate Nature of Notice, Report, or Other Data</b>		<b>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA</b> Sec. 23-T17S-R31E	
<b>12. COUNTY OR PARISH</b> Eddy County		<b>13. STATE</b> NM	

**NOTICE OF INTENTION TO:**

FEET 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"/>	ABANDONMENT <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>

(Other)

**SUBSEQUENT REPORT OF:**

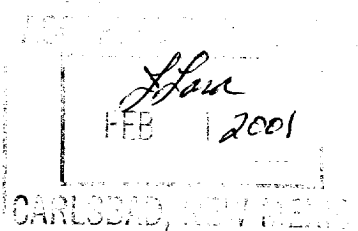
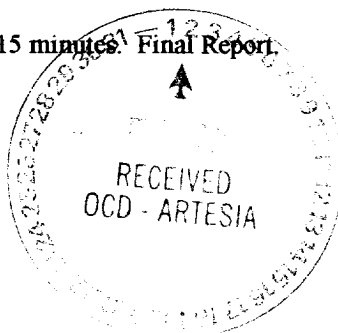
WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT * <input type="checkbox"/>
(Other) <u>TA</u>	

(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 MURU Tyler Well Service. LD rods. POH w/2-3/8" tbg. RIH w/5-1/2" CIBP and set @ 2224'. Pumped 55 bbls. pl-r. 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 TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

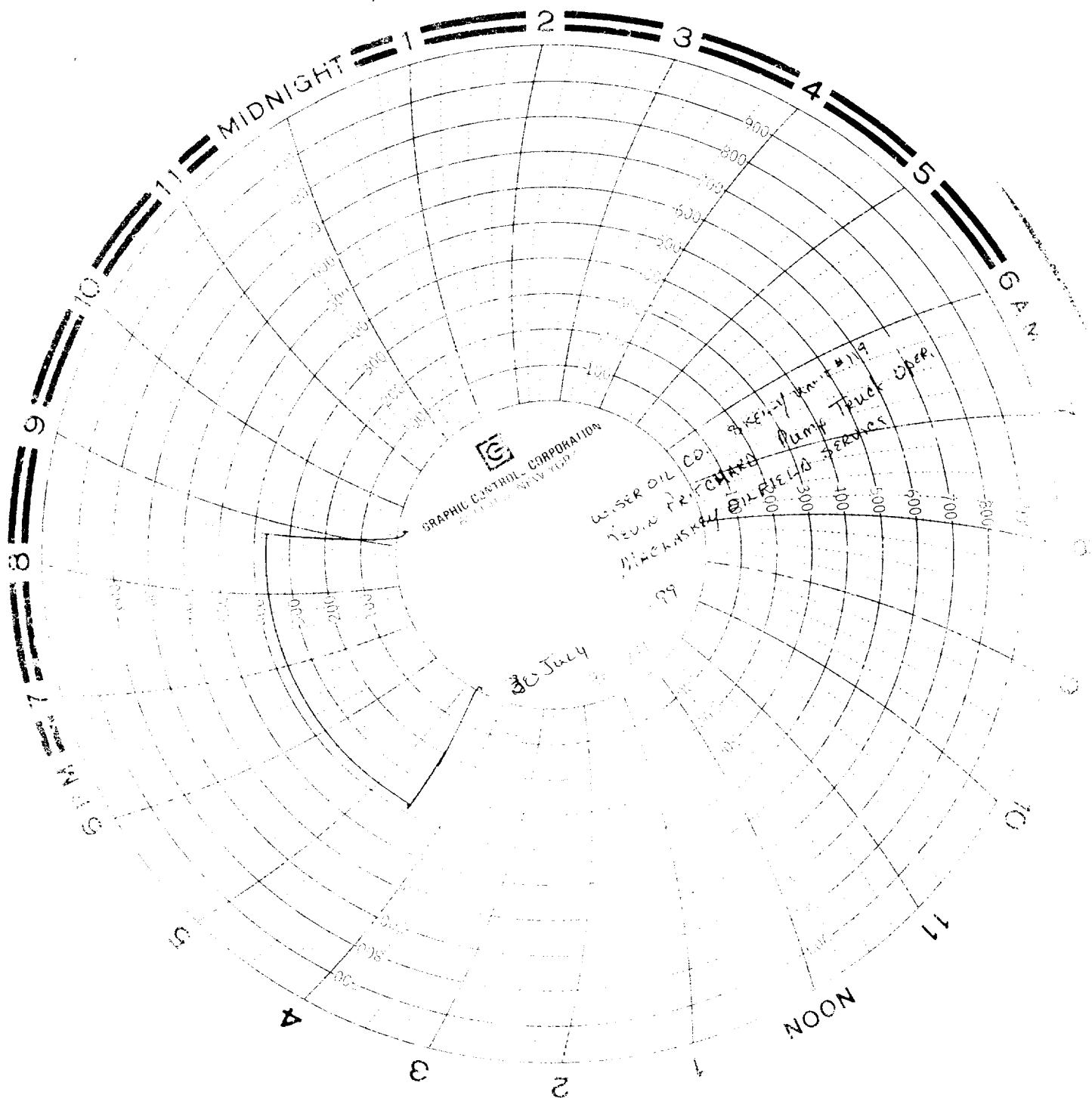
\*See Instruction On Reverse Side

RECEIVED

JAN 11 2001

PM

10:00 AM



RECEIVED

241

CONFIDENTIAL