

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate Budget Bureau No. 1004-0135
(Other Instructions on reverse side) Expires August 31, 1985

Oil Cons. N.M. DIV-Dist. 2
1301 W. Grand Avenue
Artesia, NM 88210
LEASE DESIGNATION AND SERIAL NO.

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"/>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR The Wiser Oil Company		7. UNIT AGREEMENT NAME Skelly Unit	
3. ADDRESS OF OPERATOR P.O. Box 2568 Hobbs, New Mexico 88241		8. WELL NAME AND NO. 125	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FNL & 560' FWL Unit H		9. API WELL NO. 30-015-22259	
		10. FIELD AND POOL, OR WILDCAT Fren Seven Rivers	
		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.) 3819' GL	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)

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) Returned to production

(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.) *

4/05/01 MIRU Key Well Service. POH w/rods. ND WH. RU BOP. Circulated 70 bbls. water down csg. & tbg. to wash sand off 2-3/8" x 5-1/2" pkr. POH w/2-3/8" tbg & AD-1 pkr. w/rupture disc. RIH w/AD-1 pkr & 2-3/8" tbg. Tagged @ 2240'. Pulled to 2180' & set pkr. Tagged fluid @ 2100'. RD BOP. NU WH. RIH w/rods. RD. WOO

4/11/01 MIRU Tyler Well Service. POH w/rods. ND WH. RU BOP. POH w/2-3/8" tbg. LD AD-1 pkr. RIH w/4-3/4" bit & scraper assembly on 2-3/8" tbg. Tagged fill @ 2240'. Pressure tested tbg. to 4000#. POH w/2-3/8" tbg. LD tools.

4/12/01 RIH w/4-3/4" cone bit on 4-1/2" bailer, 2-7/8" cavity pipe & 2-3/8" tbg. to 2240'. Bailed hole clean to 2345'. POH w/2-3/8" tbg. LD 2-7/8" tbg & tools. RIH w/2-3/8" tbg. Tbg. @ 2330'. SN @ 2300'. RD BOP. NU WH. RIH w/rods & 2" x 1-1/2" x 10' pump.

4/16/01 RIH w/PR & PRL. Waiting on electricity & pumping unit repairs. RD MO.

4/17/01 Left well pumping to Battery.

*Well was previously SI

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

SIGNED Mary Jo Turner TITLE Production Tech II DATE July 25, 2001

(This space for Federal or State office use)

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

*See Instruction On Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

ACCEPTED FOR RECORD

25 271

ALEXIS C. SWOBODA
PETROLEUM ENGINEER

RECEIVED
2001 OCT -4 AM 10:45
FBI - NEW YORK