

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

Oil Cons.
N.M. Div. Dist. 2
1301 W. Grand Avenue
Artesia, NM 88210

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"/> | | 7. UNIT AGREEMENT NAME Skelly Unit | |
| 2. NAME OF OPERATOR The Wiser Oil Company | | 8. WELL NO. 126 | |
| 3. ADDRESS OF OPERATOR P.O. Box 2568 Hobbs, New Mexico 88240 (505) 392-9797 | | 9. API Well No. 30-015-22260 | |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 560' FSL & 760' FWL Unit M | | 10. FIELD AND POOL, OR WILDCAT Fren Seven Rivers | |
| | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 15-T17S-R31E | |
| 14. PERMIT NO. | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3843' 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:

| | |
|--|---|
| 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) _____ | |

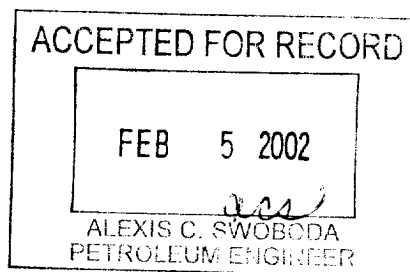
SUBSEQUENT REPORT OF:

| | |
|--|--|
| 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) <u>Acidize</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.) *

3/04/98 MIRU Pool Well Service. Flowing well down.

3/05/98 NU BOP's. RIH w/2-3/8" tbg. Tbg. @ 2376'. SN @ 2345'. ND BOP's. RU Pool & acidized Seven Rivers perfs. 0'2222'-2366' w/500 gals. 15% NE-FE acid. ATP 1000# @ 2 bpm. ISIP 850#. 5 min. 500#. 10 min. 300#. 15 min. 210#. RIH w/rods & 2" x 1-1/2" x 8' RWBC pump. Left well pumping to Sat. # 3 Batery "A". RDMO.



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

SIGNED Mary Jo Turner TITLE Production Tech II DATE January 19, 2002

(This space for Federal or State office use)

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

*See Instruction On Reverse Side

Title
state

Accepted for record

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

only FEB 7 2002

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