

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

clsf

CCW - Artesia

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 TA <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. LC-029418-A	
2. NAME OF OPERATOR The Wiser Oil Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 2568 Hobbs, New Mexico 88241		7. UNIT AGREEMENT NAME Skelly Unit	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 560' FSL & 560' FEL Unit P		8. WELL NAME AND NO. 148	
		9. API WELL NO. 30-015-22530	
		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. 14-T17S-R31E	
14. PERMIT NO	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3895' 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) Request Time Extension

(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.)

Wiser Oil respectfully request a time extension concerning the Skelly Unit # 148. Wiser is undergoing an internal review of the Skelly Unit lease. The course of action taken on the subject well is pending. A one year extension is necessary to fully explore all options available to Wiser at this time.

JH Approved For 12 months
7/26/2002

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

SIGNED Mary Jo Turner TITLE Production Tech II DATE October 17, 2001

(This space for Federal or State office use)

APPROVED BY FORIC TITLE FORIC DATE 3/5/2002
CONDITIONS OF APPROVAL, IF ANY:

Accepted for record

Instruction On Reverse Side

Title 18 U.S.
statements on

only MAR 7 2002

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

RECEIVED
2001 OCT 19 AM 10:33
BUREAU OF LAND MANAGEMENT
ROSNELL OFFICE