

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE (Oil Gaps) Bureau No. 1004-0135

(Other Instructions on reverse side) N.M. DIV. 2 Expires August 31, 1985

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"/>		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. 149	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2610' FSL & 150' FEL Unit I		9. API WELL NO. 30-015-25037	
14. PERMIT NO		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3424' GR	
10. FIELD AND POOL, OR WILDCAT Grayburg Jackson 7-Rivers-QN-GB-SA		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 21-T17S-R31E	
12. COUNTY OR PARISH Eddy		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) <input type="checkbox"/>	

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>Acidize &amp; SI</u> <input type="checkbox"/>	
(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

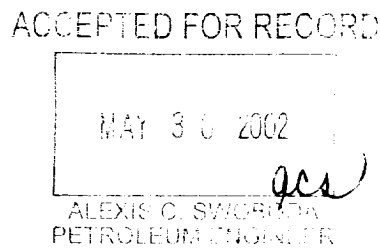
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS: (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

3/05/02 MIRU Eunice Well Service. POH w/rods. LD pump. ND WH. RU BOP. POH w/2-3/8" IPC tbg. RU Signal WL. RIH w/4-1/2" gauge ring to 3110'. RIH w/5-1/2" CIBP & set @ 3100'. Cap w/5 sk. cement. RD WL.

3/06/02 RIH w/2-3/8" IPC tbg. to 2386'. RD BOP. NU WH. Spot 110 gals. scale converter across perfs. 2197'-2352'. SI overnight.

3/07/02 RU Hughes Well Service. Circulate hole clean w/55 bbls. fresh water. Spot 1000 gals. 15% NE-FE acid across Seven Rivers 2197'-2352' w/11 bbls. fresh water. ATP 1250# @ 1 bpm. RD Hughes. RIH w/2" x 1-1/2" x 16' RHBC pump & rods. Left well pumping to SU Battery "A". RD MO.

4/02/02 Shut well in. Waiting on pluggers. Intent to plug and abandon approved April 16, 2002.



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

SIGNED May Jo Turner TITLE Production Tech II DATE May 7, 2002

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL IF ANY: \_\_\_\_\_

\*See Instruction On Reverse Side