

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. L 7-Disc  
SUBMIT IN TRIPPLICATE  
(Other instructions on reverse side)  
1301 W. Grand Avenue  
Artesia, NM 88211

Budget Bureau No. 1004-0135  
Expires August 31, 1985

015 F

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		PLEASE DESIGNATION AND SERIAL NO. LC-029419-A	
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 88240 (505) 392-9797		8. WELL NO. 156	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface  2560' FSL & 2630' FEL Unit J		9. API Well No. 30-015-25038	
		10. FIELD AND POOL, OR WILDCAT Grayburg Jackson 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.) 3845' GR	12. COUNTY OR PARISH Eddy County	13. STATE NM

16. Check Appropriate Box to indicate Nature of Notice, Report, or Other Data

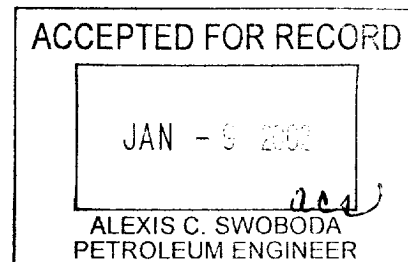
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT * <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Acidize &amp; scale squeeze Seven Rivers</u>	
(Other)		(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.) \*

10/09/98 MIRU Pool Well Service. POH w/rods & pump. ND WH. NU BOP's. POH w/2-3/8" tbg. RIH w/RBP & set @ 2452'. Spot 300 gals. converter. Well went on vac. POH. RIH w/R-4 pkr. to 2050'. Set pkr. & load annulus. Csg. would not test. Drop standing valve & test tbg. to 3000#. Pull standing valve.

10/12/98 HES acidized Seven Rivers f/2175'-2385' w/1750 gals. 15% NE-FE acid w/1000# rock salt. ATP 1400# @ 3.9 bpm. MTP 1891# @ 4.2 bpm. ISIP 1330#. 5 min. 1009#. 10 min. 815#. 15 min. 660#. RU swab. FL @ surface. FFL 2050'. RD swab. RU HES & pumped 39 bbls. scale inhibitor & 200 bbls. flush. SI well.

10/14/98 Left well pumping to Battery A.



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

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

(This space for Federal or State office use)

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

Accepted for record

\*See Instruction On Reverse Side

Title  
fraud

JAN 23 2002

knowingly and willfully to make to any department or agency of the United States any false, fictitious or  
its jurisdiction.

only \_\_\_\_\_