

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division  
SUBMIT IN TRIPPLICATE \* Budget Bureau No. 1004-0135  
811 S. 1st Street Expires August 31, 1985  
(Other Instructions on reverse side)  
Artesia, NM 88210-2834

c/si

SUNDRY NOTICES AND REPORS 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"/>		5. LEASE DESIGNATION AND SERIAL NO. LC-029418-A 419A	
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  2600' FNL & 1310' FEL Unit H		8. API WELL NO. 30-015-25039	
		9. WELL NO. 157	
		10. FIELD AND POOL, OR WI Grayburg Jackson 7 Rivers QN GB SA	
		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.) 3848' GL	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) _____	

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>Returned well to production</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.)

- 01/15/01 MIRU Pool WS. RIH w/bit, sub, SN and 92 jts. 2-7/8" EUE tbg. Tagged @ 3080'. Pulled tbg. to 3065'. Tbg. stuck. Worked to 3011'. RU reverse unit.
- 01/16/01 Worked tbg. loose. POH. RIH w/4-3/4" bit, sub, DC's and 86 jts. 2-7/8" EUE tbg. Drld. scale f/3092'-3130' & fell through. RIH to 3290'. Pulled to 2150'.
- 01/17/01 RIH to 3227'. Wash to 3504'. Drld. scale to 3512'. RIH to 3512'. Drld. scale to 3554'. Washed to 3649'. Circulated clean. POH. LD collars & bit. RU Computalog. Set CIBP @ 3645'. Perforated Grayburg San Andres Vacuum f/3272', 74', 78', 80', 3311', 13', 15', 18', 21', 3423', 25', 30', 32', 34', 36', 38', 40', 67', 69', 71', 82', 84', 3540', 09', 10', 11', 14', 15', 43', 45', 48', 50' & 52' w/4 SPF. RD WL.
- 01/18/01 RIH w/pkr. & 108 jts. 2-7/8" tbg. to 3558'. Pickled tbg. w/ 200 gals. 15% HCL acid. Spotted 400 gals. Toluene to end of pkr. Pulled to 3214' & set pkr.

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

SIGNED Mary Jo Turner TITLE Production Tech II DATE January 20, 2001

(This space for Federal or State office use)

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

\*See Instruction On Reverse Side

RECEIVED

FEB 05 '01

POST OFFICE