

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE (Other Instructions on reverse side)
Bureau No. 1004-0135
Expires August 31, 1985

Oil Cons.
NM: DIV-2
1301 W. Grand Avenue
Artesia NM 88210

dsf

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 Skelly Unit	
2. NAME OF OPERATOR The Wiser Oil Company		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR P.O. Box 2568 Hobbs, New Mexico 88241		8. WELL NAME AND NO. 235	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2600' FSL & 1470' FEL Unit J		9. API WELL NO. 30-015-28784	
14. PERMIT NO		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3815'	
16. Check Appropriate Box to indicate Nature of Notice, Report, or Other Data		17. COUNTY OR PARISH Eddy County	
18. STATE NM		19. FIELD AND POOL, OR WILDCAT Grayburg Jackson 7-Rivers QN GB SA	
20. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 21-T17S-R31E		21. NAME OF INFORMATION AND SERIAL NO. NM-98122	

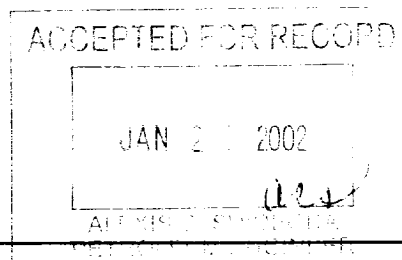
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	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</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 an true vertical depths for all markers and zones pertinent to this work.)

7/30/98 MIRU Pool Well Service. POH w/rods & pump. NU BOP's. POH w/2-7/8" tbg. RIH w/R-4 pkr. & 2-7/8" tbg. Set pkr. @ 3100'. RU swab.

7/31/98 Set pkr. @ 3065'. RU HES & acidize Middle Grayburg pert's. w/2500 gals. 15% Fer-chek acid w/42 ball sealers. Good ball action. ATP 2500# @ 3 bpm. MTP 3500# @ 5.2 bpm. ISIP 2481#. 5 min. 641#. 10 min. 517#. 15 min. 373#. Pump 28 bbls. scale converter & 260 bbls. flush into Grayburg formation.

8/03/98 Release pkr. & POH. RIH w/RBP & pkr. Set RBP @ 2350'. Set pkr. @ 2050'. Pump 26 bbls. scale inhibitor & 250 bbls. flush. Release pkr. & RBP. RIH w/2-7/8" EUE tbg. Tbg. @ 3437'. SN @ 3406'. RIH w/rods & 2-1/2" x 1-1/2" x 20' RHBC pump. Left well pumping to Battery.



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

SIGNED Mary Jo Turner TITLE Production Tech II DATE December 1, 2001

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instruction On Reverse Side