

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE Budget Bureau No. 1004-0135
(Other instructions on reverse side) NM DIV-Dist. 2 Expires August 31, 1985

1301 W. Grand Avenue
Artesia, NM 88210
UNITATION AND SERIAL NO.
882102

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. 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	
		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	
14. PERMIT NO	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3815'	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) <input type="checkbox"/>	

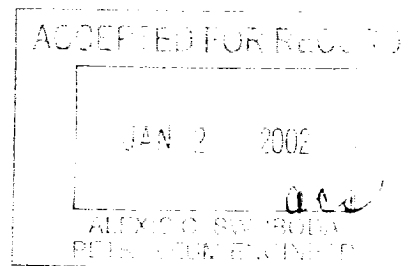
SUBSEQUENT REPORT OF:

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) Remedial <input checked="" 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 an true vertical depths for all markers and zones pertinent to this work.)

2-17/00 MIRU Key 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. @ 2380'. Pump 110 gals. TH156 mixed w/23 bbls. fresh water & 10 gals. Techni-Wet 447 w/200 bbls. fresh water into Grayburg. RU to casing & pump 110 gals. TH756 mixed w/23 bbls. fresh water & 6 gals. TC 420 mixed w/200 bbls. fresh water into Seven Rivers. Release pkr. POH w/tbg.

2-18/00 RIH w/2-7/8" tbg. Tbg. @ 3437'. SN @ 3406'. ND BOP's. RIH w/rods & 2-1/2" x 1-1/2" x 20' RHCB pump. RDMO. Left well pumping to Battery "A" Sat. # 3.



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

SIGNED Mary Go 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