

30-015-28892

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Property-
Pod 1.

8/25/01
Spent for
Real. Spent.
30-29211

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other Instructions on
reverse side)

Oil Cons.
N.M. DIV-Dist. 2
1301 W. Grand Avenue
Alamogordo, NM 88210
Budget Bureau No. 1004-0155
Expires August 1995
c/sj

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.)		5. LEASE DESIGNATION AND SERIAL NO. NM-98122	
		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME Skelly Unit	
2. NAME OF OPERATOR The Wiser Oil Company		8. WELL NAME AND NO. 220	
3. ADDRESS OF OPERATOR P.O. Box 2568 Hobbs, New Mexico 88241		9. API WELL NO. 30-015-28892	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1330' FNL & 1400' FWL Unit F		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.) 3746'	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)	

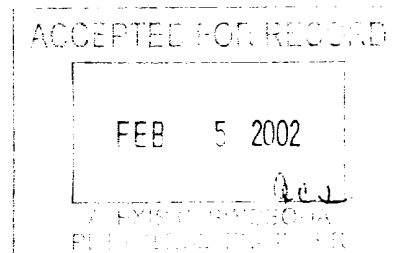
SUBSEQUENT REPORT OF:

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

1/26/00 MIRU Tyler Well Service. POH w/rods & pump. ND WH. NU BOP's. POH w/2-7/8" tbg. RIH w/R-4 pkr. & set @ 3014'. RU Hughes Services & pump 25 bbls. scale inhibitor w/200 bbls. flush @ 4 bpm on 0#.

1/27/00 Release pkr. Pull to 2213' & set pkr. Pump 25 bbls inhibitor & 220 bbls. flush. Release pkr. POH. RIH w/2-7/8" tbg. Tbg. @ 3637'. SN @ 3605'. ND BOP's. NU WH. RIH w/rods & 2-1/2" x 2" x 16' RHBC pump. Left well pumping to Battery.



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

SIGNED Mary Jo Lurvey 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

and willfully to make to any department or agency of the United States any false, fictitious or fraudulent

Title 18
statement

Accepted for record

only FEB 7 2002