

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Operations Div. Dis.
13930Y W. Grand Avenue
Artesia, NM 88210

Bureau No. 1004-0135
Expires August 31, 1985

C15F

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"/>		7. UNIT AGREEMENT NAME Skelly Unit	
2. NAME OF OPERATOR The Wiser Oil Company /		8. WELL NO. 201	
3. ADDRESS OF OPERATOR P.O. Box 2568 Hobbs, New Mexico 88240 (505) 392-9797		9. API Well No. 30-015-28947	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1272' FSL & 45' FWL Unit M		10. FIELD AND POOL, OR WILDCAT Grayburg Jackson Seven Rivers	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 14-T17S-R31E	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3882'	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) <input checked="" type="checkbox"/> Tubing Leak	
(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.) *

10/23/01 MIRU Key Well Service. POH w/rods. Could not pass 3500'. RIH & seated pump. Backed off. POH w/rods. ND WH RD BOP. POH w/2-7/8" tbg. Could not pull past 2nd jt. out. RU Computalog & ran free point. Chemical cut @ 3504'. Left 321' fish in hole. POH w/2-7/8" tbg.

10/24/01 RIH w/2-7/8" overshot, Bowen jars, bumper sub, DC's & 2-7/8" tbg. Caught fish @ 3504'. Jar on fish & broke loose. POH w/2-7/8" tbg. Stood back DC's. LD tools & fish. Fish consisted of 1-1 1/2 Jts. 2-7/8" tbg. Left 9 jts. 2-7/8" tbg. in hole.

10/25/01 RIH w/DC's. POH & LD DC's. RIH w/2-7/8" tbg. Tbg. @ 3341'. SN @ 3306'. RD BOP. NU WH. RIH w/rods & 2-1/2" x 1-3/4" x 16' RHBC pump. Left well pumping to Skelly Unit Sat. # 2. RDMO

Note: Collapsed csg. @ 3550'. Fish left in hole - 8 jts. 2-7/8" tbg., 2-7/8" SN, 2-7/8" open end mud jt. & 1-3/4" x 16' pump.

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

SIGNED Mary Jo Turner
Mary Jo Turner

TITLE Production Tech II

DATE December 14, 2001

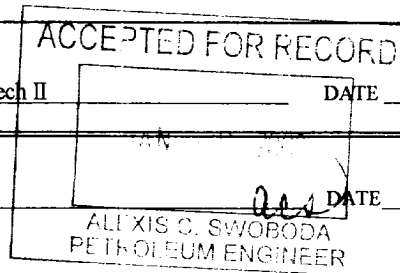
(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:



Accepted for record

*See Instruction On Reverse Side

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

JAN 23 2002

only

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JAN 07 1972
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ROSEN, L. M.