

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE

(Other instructions on reverse side)

Budget Bureau No. 1004-0135

Expires August 31, 1985

C151

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"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-098122	
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 1306' FSL & 1216' FWL Unit N		8. WELL NAME AND NO. 246	
		9. API WELL NO. 30-015-29063	
		10. FIELD AND POOL, OR WILDCAT Grayburg Jackson Seven Rivers	
		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.) 3800'	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 type="checkbox"/>
(Other) <u>Add Seven Rivers perms. & acidize</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.)

12/19/01 MIRU Key Well Service. POH w/rods & pump. ND WH. RU BOP. POH w/2-7/8" tbg. & BHA. RIH w/4-3/4" bit & 5-1/2" scraper on 2-7/8" tbg. to 3852'. POH w/2-7/8" tbg. LD tools.

12/20/01 RU Signal WL & perforate Seven Rivers 2139', 40', 41', 50', 51', 60'-62', 77'-82', 92', 94'-98', 2217'-19', 22', 23' & 51'-54' w/1 SPF (29 holes). RD WL. RIH w/5-1/2" RBP & pkr. on 2-7/8" tbg. Set RBP @ 2300'. Test plug & tbg. to 3500'. Held ok. Set pkr. @ 2052'. RU Cudd Pressure Service. Broke perms. @ 3050#. Acidize Seven Rivers 2139'-2254' w/2500 gals. 15% NE-FE acid & 58 ball sealers. Balled out @ 3000# w/42 balls on. Good ball action. ATP 1800# @ 4.5 bpm. MTP 3000# @ 4.5 bpm. ISIP 1520#. 5 min. 1470#. 10 min. 1430#. 15 min. 1410#. RD Cudd. 1 hr. SI 870#. RU swab FL surface. FFL @ 2052'. POH w/2-7/8" tbg. LD pkr. RBP remains @ 2300'.

12/21/01 RIH w/2-7/8" tbg. Tbg. @ 2285'. SN @ 2255'. RD BOP. NU WH. RIH w/rods & 1-1/2" x 16' pump. Left well pumping to Skelly Unit Sat. #3. RDMO.

ACCEPTED FOR RECORD

JAN - 1 - 2002

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

SIGNED Mary Jo Turner TITLE Production Tech II DATE December 26, 2001

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instruction On Reverse Side