

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE
(Other Instructions on
reverse side)

Oil Cons.
Bureau No. 1004-0135
Expires August 31, 1985

1301 W. Grand Avenue
Artesia, NM 88210

FIELD OFFICE AND SERIAL NO.

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 NAME AND NO. 189		
3. ADDRESS OF OPERATOR P.O. Box 2568 Hobbs, New Mexico 88241	9. API WELL NO. 30-015-29206		
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2630' FSL & 1310' FWL Unit L	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. 15-T17S-R31E		
14. PERMIT NO	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3872'	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) 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.)

9/12/00 MIRU Tyler Well Service. POH w/rods & pump. ND WH. NU BOP's. LD 6 jts.

9/13/00 Finish pulling out of hole w/tbg. RIH w/RBP. Hit tight spot @ 3517'. POH & LD RBP. RIH w/2-7/8" tbg. ND BOP's. RIH w/rods & 2-1/2" x 2" x 20' RWBC pump. RDMO.

ACCEPTED FOR RECORD

JAN 23 2002

ALEXIS C. SWOBODA
PETROLEUM ENGINEER

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

SIGNED _____ TITLE Production Tech II DATE September 6, 2001

(This space for Federal or State office use)

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

*See Instruction On Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

RECEIVED
JAN 11 1964

RECEIVED
JAN 11 1964

RECEIVED
JAN 11 1964