

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

SUBMIT IN TRIPLIC.
(Other Instructions on reverse side)

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

1301 W. Grand Avenue
Artesia, NM 88210

PLEASE DESIGNATION AND SERIAL NO.
LC 029418-A

clsk

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 88240 (505) 392-9797		8. WELL NO. 203	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1300' FSL & 2539' FWL Unit N		9. API Well No. 30-015-29219	
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT Grayburg Jackson Seven Rivers QN-GB-SA	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 14-T17S-R31E	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3898'		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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT * <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Circulate toluene, converter & acid</u> <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 and true vertical depths for all markers and zones pertinent to this work.)

11/11/98 Hot water csg
11/13/98 Circulate 1000 gals. toluene for 48 hrs.
11/16/98 Circulate 250 gals scale converter for 24 hrs.
11/18/98 Circulate 500 gals 15% NE-FE acid for 24 hrs.
11/19/98 Place well back on production.

ACCEPTED FOR RECORD

FEB 5 2002

acs

ALEXIS C. SWOBODA
PETROLEUM ENGINEER

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

SIGNED Mary Jo Turner TITLE Production Tech II DATE December 28, 2001
Mary Jo Turner

(This space for Federal or State office use)

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

*See Instruction On Reverse Side

RECEIVED
2003 FEB -4 AM 10: 24
U.S. DEPT. OF HOE
GMT