

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate  
(Other Instructions on  
reverse side)

Oil Cons.  
N.M. Div. 2  
Bureau No. 1004-0135  
Expires August 31, 1985

1301 W. Grand Avenue  
Artesia, NM 88210  
5. LEASE DESIGNATION AND SERIAL NO.  
LC-029418-A

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	
		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	
14. PERMIT NO.	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:

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"/>

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)

(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.)

4/16/99 MIRU Pool Well Service. POH w/rods & pump. NU BOP's. POH w/2-7/8" tbg. RIH w/4-3/4" bit, DC's & 2-7/8" tbg. Pump 100 bbls. produced water w/20 gals. surfactant. Broke circulation w/150 bbls. produced water

4/19/99 RIH w/2-7/8" tbg. Tag @ 3849'. Drill out CIBP. Push to 4038'. Circulate clean & POH. LD drill collars & bit. RIH w/R-4 pkr. & 2-7/8" tbg. Set pkr @ 3768'. Test tbg. to 4000#. Acidize San Andres Three Fingers w/2000 gals. 15% Ferrotrol & 32 ball sealers. Balled out w/24 ball. ATP 2780# @ 4.7 bpm. MTP 3000# @ 5.75 bpm. ISIP 2280#. 5 min. 2085#. 10 min. 2025#. 15 min. 1965#. Release pkr. Pull to 3240' & set pkr.

4/20/99 Release pkr. POH w/tbg & pkr. RIH w/2-7/8" tbg. SN @ 3994'. RIH w/rods & 2-1/2" x 1-1/2" x 16' pump

ACCEPTED FOR RECORD

FEB 5 2002

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

Title  
status

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

Accepted for record

FEB 7 2002

only

RECEIVED  
2002 FEB -4 AM 10:23  
BOSTON, MA  
FEDERAL BUREAU OF INVESTIGATION  
U.S. DEPARTMENT OF JUSTICE