

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

Oil Cons.  
SUBMIT IN TRIPPLICATE \*  
N.M. Div. Dist. 2  
(Order instructions on  
reverse side)

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

C/SF

1301 W. Grand Avenue  
Artesia, NM 88210

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 88241		8. API WELL NO. 30-015-29219	
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. WELL NO. 203	
		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	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 checked="" type="checkbox"/>

(Other) Perforate & Acidize

(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.) \*

04/09/02 MIRU Eunice Well Service. POH w/rods & pump. ND WH. RU BOP. POH w/2-7/8" tbg. LD BHA. RU Hughes Well Service WL & perforate Grayburg 73394'-98' w/4 SPF. RD WL. RIH w/2-7/8" x 5-1/2" RBP & pkr. on 2-7/8" tbg. Set RBP @ 3420'. Pkr. @ 3308'. RU Cudd Pressure Service. Test tbg. to 4000# & csg. to 500#. Held. Acidized Grayburg 3345'-3420' w/2000 gals. 15% NE-FE acid. Broke new perms. down @ 3200#. ATP 3000# @ 3.9 bpm. MTP 3500# @ 4.2 bpm. Broke formation @ 2500#. ISIP 2200#. 5 min. 2160#. 10 min. 2135#. 15 min. 2125#. Flush w/25 bbls. fresh water. 1 hr. SI 2100#. RIH w/RBP. POH w/2-7/8" tbg. LD tools.

04/10/02 RIH w/2-7/8" tbg. Tbg. @ 3994'. SN @ 3964'. RU BOP. NU WH. RIH w/rods & 1-1/2" x 16' pump. Left well pumping to SU Battery "A". RDMO.

ACCEPTED FOR RECORD

JUL - 3 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 June 20, 2002

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instruction On Reverse Side