Form 3160-5 (November 1983) (Formerly 9-331)

UNITED STATES 811 S. Status III

N.M. Oil Cons. Division 811 S. Statut horse 16-2834 Obtasia. New 1884 18834

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

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BONEAG OF BAND MANAGEMENT			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.)			6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
OIL GAS WELL OTHER WELL			7. UNIT AGREEMENT NAME Skelly Unit	
2. NAME OF OPERATOR The Wiser Oil Company			8. APF No. 30-015-29236	
3. ADDRESS OF OPERATOR P.O. Box 2568 Hobbs, New Mexico 88240 (505) 392-9797 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.			9. WELL NO. 230	
4. 100CATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface			10. FIELD AND POOL, OR WILDCAT Grayburg Jackson Seven Rivers 11. SEC., T., R., M., OR BLK, AND	
1198 FNL & 1296' FEL Unit A			SURVEY OR AREA Sec. 23-T17S-R31E	
14. PERMIT NO	15. ELEVATIONS (Show whether DF, R 3879'		12. COUNTY OR PARISH Eddy	13. STATE N.M.
16. Check A	Appropriate Box to indicate Natur	e of Notice, Report, or Other	r Data	
NOTICE OF INT	ENTION TO:	SUBSEQUENT REPORT OF:		
FRACTURE TREAT SHOW)T OR ACIDIZE PEPAIR WELL (Other) Temporarity Abandon	PULL OR ALTER CASING MULTIPLE COMPLETE ABANDON* CHANGE PLANS		multiple completion on Well Completion or Recompletion Report and	Log form.)
17. DESCRIBE PROPOSED OR COMPLET proposed work. If well is directionally of Wiser requests approval to term. 1. Notify State 24 hrs. prior to 2. MIRU pulling unit.	Irilled, give subsurface locations and measuring abandon the well by to moving on well. (+ or - 15') (Perfs. 3412'-364') fluid. 300# for 15 minutes.	nent details, and give pertinent dates, and and true vertical depths for all matches the procedure listed below.	including estimated date of starting any larkers and zones pertinent to this work.)	20101
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18. I hereby certify that the foregoing is true and correct.		
SIGNED Ala-Sha	TITLE Production Foreman	DATE August 19, 1999
(This space for Federal or State office use) APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	TITLE PE	DATE_//-/-99

*See Instruction On Reverse Side