

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Other Instructions on  
reverse side)

Oil Cons.

N.M. Div. Dist. 2  
Budget Fund No. 1004-0135

1901 W. Grand Avenue  
Albuquerque, NM 87102

Artesia, NM 88210

5. LEAST 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 GAS ☐ WELL OTHER ☐

2. NAME OF OPERATOR  
The Wiser Oil Company/

3. ADDRESS OF OPERATOR  
P.O. Box 2568 Hobbs, New Mexico 88241

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  
See also space 17 below.)  
At surface

1198' FNL & 1296' FEL  
Unit A

7. UNIT AGREEMENT NAME  
Skelly Unit

8. WELL NAME AND NO.  
230

9. API WELL NO.  
30-015-29236

10. FIELD AND POOL, OR WILDCAT  
Grayburg Jackson Seven Rivers

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA  
Sec. 23-T17S-R31E

14. PERMIT NO

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
3879'

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 ☐ PULL OR ALTER CASING ☐  
FRACTURE TREAT ☐ MULTIPLE COMPLETE ☐  
SHOOT OR ACIDIZE ☐ ABANDON\* ☐  
REPAIR WELL ☐ CHANGE PLANS ☐

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐ REPAIRING WELL ☐  
FRACTURE TREATMENT ☐ ALTERING CASING ☐  
SHOOTING OR ACIDIZING ☐ ABANDONMENT \* ☒

(Other) Shut In

(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.)

11/25/98 LD rods & tbgs. Well is SI for further evaluation.

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

SIGNED Mary Jo Tursay TITLE Production Tech II

DATE August 29, 2001

(This space for Federal or State office use)

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

\*See Instruction On Reverse Side

Accepted for record

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

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only MAR 7 2002