

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other Instructions on
reverse side)

Oil Cons. Division

Budget Bureau No. 1004-0135

Expires August 31, 1985

Artesia, NM 88210-2834
LEASE DESIGNATION AND SERIAL NO.
LC-029418-B

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"/>	7. UNIT AGREEMENT NAME Skelly Unit		
2. NAME OF OPERATOR The Wiser Oil Company	8. WELL NAME AND NO. 242		
3. ADDRESS OF OPERATOR P.O. Box 2568 Hobbs, New Mexico 88241	9. API WELL NO. 30-015-29237		
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2630' FSL & 2581' FEL Unit J	10. FIELD AND POOL, OR WILDCAT Grayburg Jackson 7-Rivers-QN-GB-SA		
	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.) 3864'	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"/>

(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 type="checkbox"/>

(Other) TA

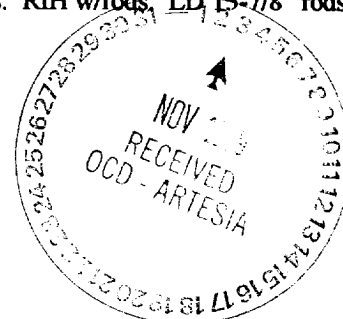
(Note: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

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.)

04/27/97 MIRU Pool Well Service. POH w/rods. NU BOP's. LD 11 jts. 2-7/8" tbg. Tally out of hole w/111 jts. 2-7/8" tbg. RIH w/5-1/2" CIBP and set @ 3319'. POH. LD setting tool. RIH w/2-7/8" tbg. ND BOP's. RIH w/rods. LD 15-7/8" rods. NU WH. Circulated 85 bbls. pkr. fluid. Well is TA.

07/30/99 Ran casing integrity test 355# for 15 minutes. Final Report.

APPROVED FOR 18 MONTH PERIOD
ENDING 7-1-01



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

SIGNED Mary Jo Turner TITLE Completion Department DATE July 21, 1999

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE PE DATE 11-1-99

CONDITIONS OF APPROVAL, IF ANY:

*See Instruction On Reverse Side

