

(Formerly 9-331)

UNITED STATES

DEPARTMENT OF THE INTERIOR

BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE

Oil Cons.

M. DIV-Dist. 2

Budget Bureau No. 1004-0135

0191

1001 W. GRADY AVENUE  
ARTESIA, NM 88210

reverse side

Expires August 31, 1985

<p><b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)</p>		<p>5. LEASE DESIGNATION AND SERIAL NO. LC-029418-A</p>	
<p>1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/></p>		<p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p>	
<p>2. NAME OF OPERATOR The Wiser Oil Company</p>		<p>7. UNIT AGREEMENT NAME Skelly Unit</p>	
<p>3. ADDRESS OF OPERATOR P.O. Box 2568 Hobbs, New Mexico 88241</p>		<p>8. WELL NO. 217</p>	
<p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface  28' FSL &amp; 1164' FEL Unit P</p>		<p>9. API WELL NO. 30-015-29273</p>	
<p>14. PERMIT NO</p>		<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3891'</p>	
<p>10. FIELD AND POOL, OR WILDCAT Grayburg Jackson 7-Rivers QN GB SA</p>		<p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 14-T17S-R31E</p>	
<p>12. COUNTY OR PARISH Eddy County</p>		<p>13. STATE NM</p>	

16. Check Appropriate Box to indicate Nature of Notice, Report, or Other Data

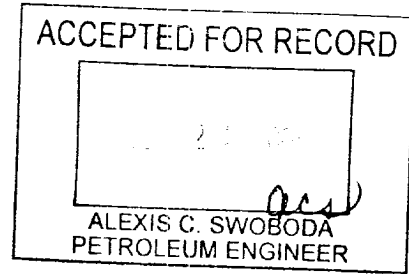
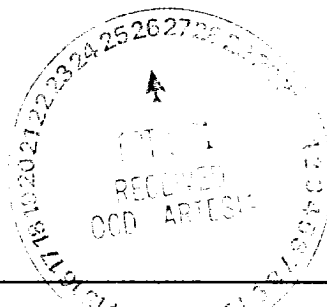
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT * <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Plug back</u> <input checked="" type="checkbox"/>	

(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 an true vertical depths for all markers and zones pertinent to this work.)

7/11/00 MIRU Key Well Service. POH w/3200' of rods. Body break - Rod # 128. NU BOP's. Swabbed tbg dry. POH w/2-7/8" tbg. LD 8 jts. RIH w/CIBP & set @ 3770'. Dump bailed 2 sks. cement on CIBP. RIH w/2-7/8" EUE tbg. Tbg. @ 3729'. SN @ 3697'. ND BOP's.

7/12/00 RIH w/rods and 2-1/2" x 1-1/2" x 16' RHBC pump. Left well pumping to Battery. RDMO.



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

SIGNED Mary Jo Tunney TITLE Production Tech II DATE September 5, 2001

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

\*See Instruction On Reverse Side

RECEIVED  
2001 OCT 11 AM 9:47  
BUREAU OF LAND MANAGEMENT  
FONWELLE OFFICE