| | N.M. OIL CONS. COMMISSION |
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| | P.O. BOX 1980 HOBBS, NEW MEXICO 88240 |
| | HOBBS, NEW MENTO |
| UNITED STATES UNITED STATES DEPARTMENT OF THE INTERIOR | FORM APPROVED |
| BUREAU OF LAND MANAGEMENT | Expires March 31, 1993 |
| | 5. Lease Designation and Serial No. |
| SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to deepen or reentry to a citizer of regenoi Use "APPLICATION FOR PERMIT " for such proposals. | 0. If Indian, Allotte or Tribe Name |
| Use "APPLICATION FOR PERMIT " for such properties. | |
| | 7. If Unit or CA, Agreement Designation |
| Type of Well Oil Well Gas Well Coner Water Injection Well DIST. | 2 |
| Name of Operator The Wiser Oil Company | 8. Well Name and No. Skelly Unit #85 |
| Address and Telephone No. | 9. Well API No. |
| 207 West McKay | 30-015-05422 |
| Carlsbad, NM 88220 505-885-5433 Location of Well (Footage, Sec., T., R., M., or Survey Description) | 10. Field and Pool, or Exploratory Area Fren 7-Rivers |
| | 11. County or Parish, State |
| 660' FNL & 1980' FEL, Unit B | Eddy |
| Section 27-T17S-R31E | Lea County, New Mexico |
| 2 CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOT | |
| TYPE OF SUBMISSION | TYPE OF ACTION |
| Notice of Intent Abandonment | Change of Plans |
| | |
| | |
| | Non-Routine Fracturing |
| | Water Shut-Off |
| Final Abandonment Notice | Conversion to Injection |
| X Other Casing in | tegrity Test Dispose Water |
| | (Note: Report results of multiple completion on Well |
| b. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any subsurface locations and measured and true vertical depths for all markers and zones pertinent to this zone.)* | Completion or Recompletion Report and Log form.) proposed work. If well is directionally drilled, give |
| אמצערוובים הכפוניונין פורו וופנאגוסט מוא נוספ יפונטים ספקונים אי פו ווצואסים שה בטווכין פרעואניג נט נוזין בטווס | |
| CASING INTEGRITY TEST: | and the second |
| | A STANDARD COMPANY |
| Pressure tested casing to 350 psi for 15 min, no pressure lost. | 1 N REDONAR |
| | 1 Shara Star |
| | 1 Day MAD EN |
| ACCEPTED FOR RECORD | |
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| CAT 3 0 1995 | No. March 1 |
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| CARLSBAD, NEW MEXICO | A TO TO TO A TO A |
| . I hereby certify that the foregoing is true and correct | |
| | Date 9/26/95 |
| Malain Araik. Acart | Date 7/26/45 |
| nos Allarie Facker The Agent | |
| <u> </u> | |
| <u> </u> | |
| AS SPACE FOR FEDERAL OR STATE OFFICE USE) | Data |
| | Date |
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