

**UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT**

il Cons. *CLSK*  
Bureau No. 1004-0135  
Expires August 31, 1985  
New Mexico Division  
1301 W. Grand Avenue  
Artesia, NM 88210

5. WELLS REGISTRATION AND SERIAL NO.  
NM-98122

<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.)		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> WIW		7. UNIT AGREEMENT NAME Skelly Unit	
2. NAME OF OPERATOR The Wiser Oil Company		8. WELL NO. 90	
3. ADDRESS OF OPERATOR P. O. Box 2568 Hobbs, New Mexico 88240 (505) 392-9797		9. API Well No. 30-015-05428	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface  660' FNL & 1980' FWL Unit C		10. FIELD AND POOL, OR WILDCAT Grayburg Jackson Seven Rivers QN-GB-SA	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 28-T17S-R31E	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3789' DF	12. COUNTY OR PARISH Eddy County	13. STATE NM

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

<p align="center">NOTICE OF INTENTION TO:</p> <p>TEST WATER SHUT OFF <input type="checkbox"/></p> <p>FRACTURE TREAT <input type="checkbox"/></p> <p>SHOOT OR ACIDIZE <input type="checkbox"/></p> <p>REPAIR WELL <input type="checkbox"/></p> <p>(Other) <input type="checkbox"/></p> <p>PULL OR ALTER CASING <input type="checkbox"/></p> <p>MULTIPLE COMPLETE <input type="checkbox"/></p> <p>ABANDON* <input type="checkbox"/></p> <p>CHANGE PLANS <input type="checkbox"/></p>	<p align="center">SUBSEQUENT REPORT OF:</p> <p>WATER SHUT-OFF <input type="checkbox"/></p> <p>FRACTURE TREATMENT <input type="checkbox"/></p> <p>SHOOTING OR ACIDIZING <input type="checkbox"/></p> <p>(Other) <input checked="" type="checkbox"/> <u>Change collars &amp; drift pipe</u> (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)</p> <p>REPAIRING WELL <input type="checkbox"/></p> <p>ALTERING CASING <input type="checkbox"/></p> <p>ABANDONMENT * <input type="checkbox"/></p>
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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.)

1/26/98 MIRU Pool Well Service. NU BOP's POH w/50 stands 2-3/8" tbg. RIH change couplings on 50 jts.

1/27/98 Finish running in hole w/tbg. Circulate pkr. fluid. Test csg. to 300#. Test tbg. to 2000#. RDMO.

1/28/98 Place well back on injection.

2/05/98 MIRU Lucky Well Service. ND WH. Tbg. released f/pkr. Latch back onto pkr. Test tbg. to 1900#. Csg. to 500#.

2/06/98 Circulate pkr. fluid. Latch onto pkr. Test tbg. to 3000# for 30 min. Test csg. to 340#. RDMO. RU Pro-Wireline. Pull blanking plug. Place well back on injection.

ACCEPTED FOR RECORD

FEB 5 2002

*acs*

ALEXIS C. SWOBODA  
PETROLEUM ENGINEER

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

SIGNED Mary Jo Turner TITLE Production Tech II DATE December 28, 2001  
Mary Jo Turner

(This space for Federal or State office use)

Accepted for Record NY: [Signature] TITLE Compliance Officer DATE 2-8-02

\*See Instruction On Reverse Side

**UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT**

SUBMIT IN TRIPPLICATE \*  
(Other Instructions on  
reverse side)

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

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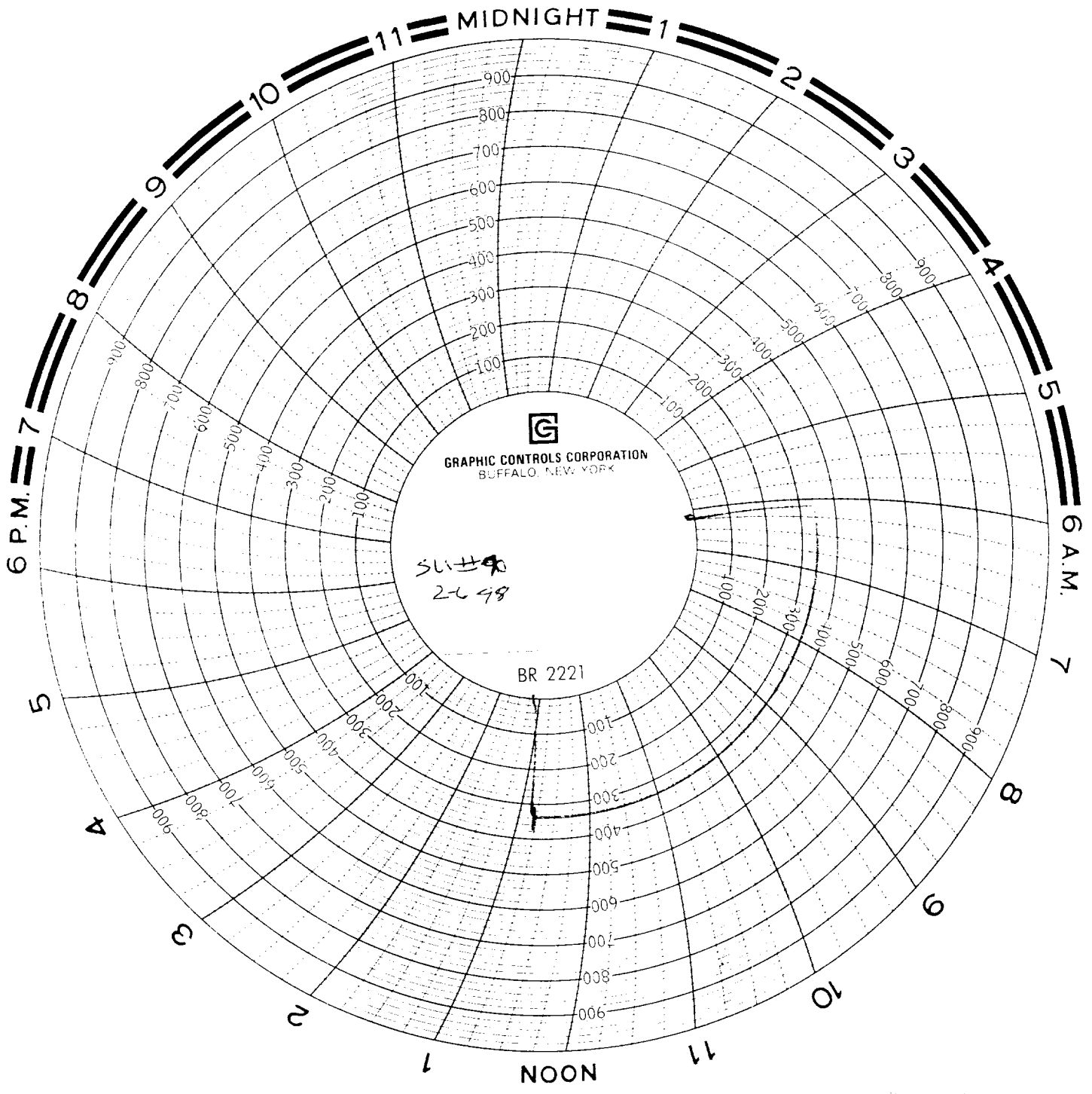
18. I hereby certify that the foregoing is true and correct.

SIGNED Mary Jo Turner TITLE Production Tech II DATE December 28, 2001

(This space for Federal or State office use)

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

CONDITIONS OF APPROVAL, IF ANY:



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