

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
Oil Cons. DIV. Dist. 2  
1001 W. Grand Avenue  
Artesia NM 88210

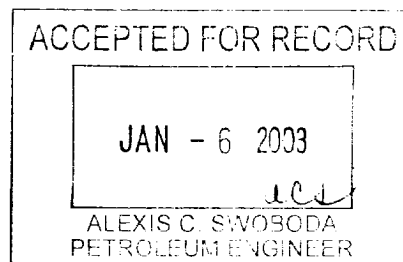
Budget Bureau No. 1004-0135  
Expires August 31, 1985

<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.)		5. LEASE DESIGNATION AND SERIAL NO. NM-98122	
1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> Injection		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR The Wiser Oil Company		7. UNIT AGREEMENT NAME Skelly Unit	
3. ADDRESS OF OPERATOR P.O. Box 2568 Hobbs, New Mexico 88240 (505) 392-9797		8. WELL NO. 90	
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		9. API WELL NO. 30-015-05428	
		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. 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			
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>Repair Tubing</u>	
(Other)		(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.)

9/01/02 MIRU Bunice Well Service. ND WH. RU BOP. Release on/off tool. POH w/2-3/8" tbg. RU Hydrostatic Pipe Testers. Test in hole 5000# below slips. Found bad jt. 75 jts. in. RIH w/remaining tbg. Circulate 150 bbls. packer fluid. Latch on/off tool. Test csg. 500# for 30 min. Performed/witnessed by Nick Jimenez with Gandy Corporation. RD BOP. NU WH. NU injection line. Left well injecting into Grayburg 100 BWPD @ 1000#. RDMD.



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

SIGNED Mary Jo Turner TITLE Production Tech II DATE November 15, 2002

(This space for Federal or State office use)

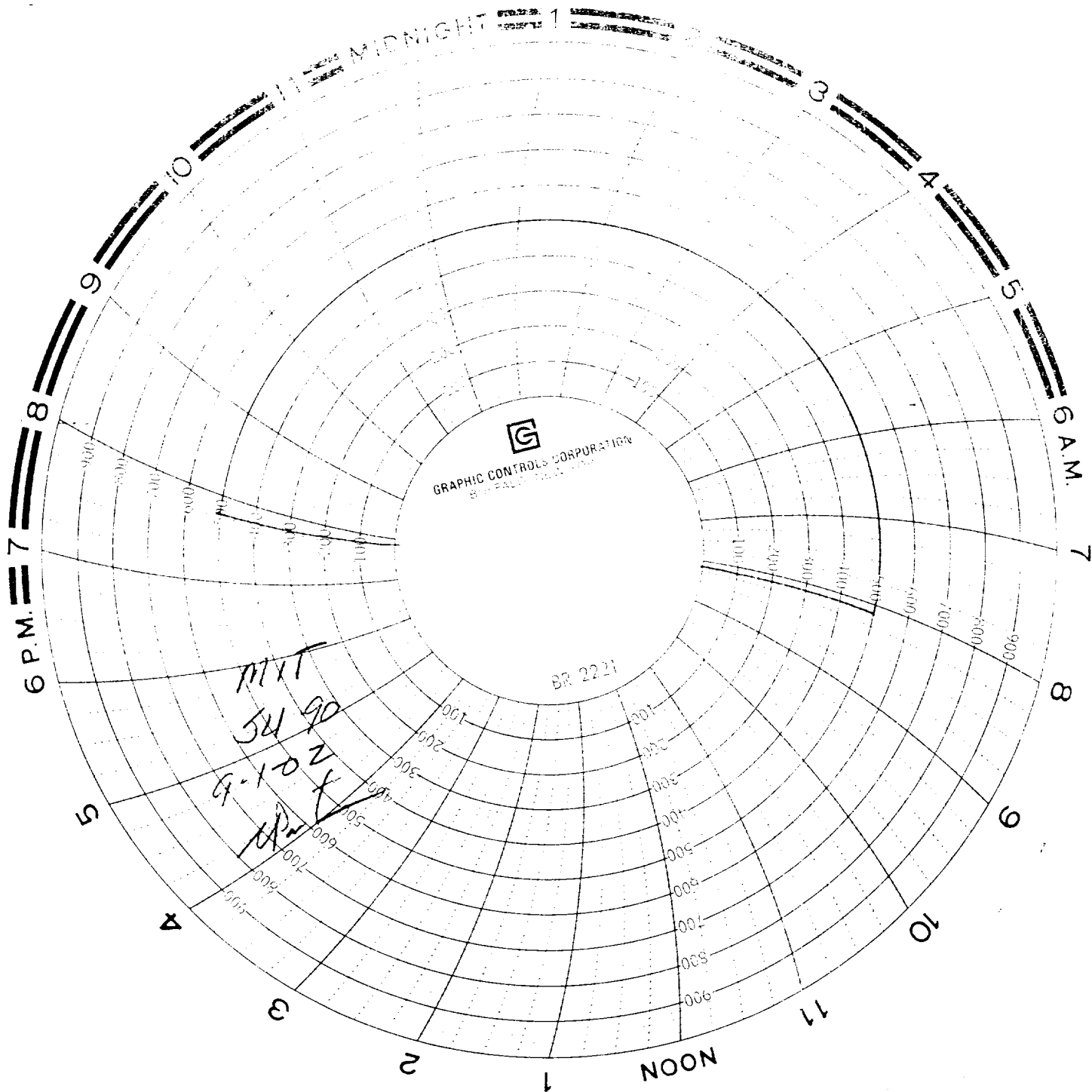
APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

\*See Instruction On Reverse Side

MIT  
CU-3  
5-102  
M





RECEIVED  
OCD - ARTESIA  
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