

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE *
(Other Instructions on
reverse side)

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

157

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.)		5. LEASE DESIGNATION AND SERIAL NO. LC-029418-B	
1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> WIW		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 88241		8. WELL NAME AND NO. 89	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FNL & 1980' FEL. Unit B		9. API WELL NO. 30-015-05429	
		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.) 3801' 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>Re-perf. GB-Vac. & acidized</u>	<input checked="" type="checkbox"/>
(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.)

7/11/01 MIRU Tyler Well Service. ND WH. RU BOP. Released 7" AD-1 pkr. POH w/65 jts. 2-3/8" IPC tbg. LD 7" pkr. RIH w/2-3/8" retrieving head & 2-7/8" work string to 3100'. Washed over & latched on to on-off tool on 7" Baker J-Lok pkr. Open by-pass and blew well down. Rec'd 200 bbls. fluid. Left csg. open overnight.

7/12/01 Closed by-pass & unset pkr. POH w/2-7/8" tbg. Did not have pkr. RIH w/2" short catch overshot on 2-7/8" tbg. Found pkr. @ 2960'. Latched onto pkr. POH w/2-7/8" tbg. LD tools & pkr. RIH w/6-1/4" cone bit & bit sub on 2-7/8" tbg. Tagged @ 3666'. POH w/2-7/8" tbg. LD bit & sub.

7/13/01 TIH with liner consisting of 4-1/2" shoe, float collar & 85 jts. 4-1/2" csg. TD @ 3653.61'. RU BJ Services. Circulated 130 bbls. pkr. fluid. Pumped 265 sks Class "C" cement. Tailed w/225 sks. Class "C" cement containing 2% CaCl2. MTP 1830# @ 5 bpm. Bumped plug. Circulated 136 sks. to pit.

7/16/01 RIH w/2-7/8" tbg. Tagged cement @ 3630'. POH. LD all 2-7/8" tbg. RIH w/65 jts. 2-3/8" IPC tbg. Left hanging @ 245'. RD BOP. NU WH. RDMO

8/24/01 MIRU Tyler Well Service. ND WH. RU BOP. POH w/65 jts. 2-3/8" IPC tbg. RU Computalog WL & perforated Grayburg Vacuum f/3330',31',33',34',35',41'-43',58'-62',67'-71',81'-83',3442'-44'.59'-61',64'-69',75'-79',82'-88',3514'-20',24'-28',32'-36' & 42'-45' w/2 SPF. RD WL. RIH w/4-1/2" AD-1 pkr. & 102 jts. 2-3/8" IPC tbg. to 3282'. Circulated 75 bbls. pkr. fluid. Set pkr. RD BOP. NU WH. Pressure tested csg. to 500# for 30 min. Held ok.

8/28/01 RU Cudd Pumping Service. Acidized Grayburg Vacuum 3330'-3545' w/4000 gals. 15% NE-FE acid w/2000# rock salt. Best block 750#. Best break 700#. ATP 2500# @ 3 bpm. MTP 3000# @ 4.0 bpm. ISIP 1800#. 5 min. 1680'. 10 min. 1620#. 15 min. 1600#. Flushed w/15 bbls. fresh water. RD Cudd. 1 hr. SI 1420#.

8/30/01 Injecting 150 BWPD @ 900#.

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

SIGNED Mary Jo Turner TITLE Production Tech II DATE September 18, 2001

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE Compliance Officer DATE 10-22-01

CONDITIONS OF APPROVAL IF ANY: nmcc

*See Instruction On Reverse Side

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