

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

<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-098122
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 88240 (505) 392-9797		8. WELL NO. 95
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface  1980' FNL. & 660' FEL Unit H		9. API Well No. 30-015-05441
		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.) 3803' 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) Remedial <input 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.)

10/18/99 MIRU Tyler Well Service. Release pkr. NU BOP's POH w/106 jts. 2-3/8" IPC tbg. & perma latch pkr. RIH w/Guiberson G-Series pkr. & 105 jts. 2-3/8" IPC tbg. Set pkr. @ 3303'. Pkr. would not hold Pull to 3146'. Pkr. held. Release pkr. Circulate 75 bbls. pkr. fluid. Set pkr. Test csg. to 300# for 15 min. State did not witness. RDMO.

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:

\*See Instruction On Reverse Side

PRINTED IN U. S. A.

**CALIBRATED  
CHARTS**  
BATAVIA, N. Y.

METER NUMBER

TIME PUT ON

DATE PUT ON

19

TUBE & ORIF. SIZE

TIME TAKEN OFF

DATE TAKEN OFF

19

BR-2397

50-2000-8

SIGNED

DAY

NIGHT

THE WISER OIL CO.  
SKELLY UNIT  
UNIT LETTER # 5628 T17S R31E  
#95 LC-039420-B COPY COM.M

