

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate Cons. Budget Bureau No. 1004-0135  
(Other Institution on NM-DIV-Dist 2 Expires August 31, 1985)

1301 W. Grand Avenue  
Artesia, NM 88220

RELEASE DESIGNATION AND SERIAL NO.

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.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> P & A		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		8. WELL NAME AND NO. 161	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface  1650' FSL & 2310' FWL Unit K		9. API NO. 30-015-28140	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3788' KB	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:

TEST WATER SHUT OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>

(Other) P & A

(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.)

12/28/01 MIRU Mayo Marrs Casing Pulling Inc. Install WH. RIH w/WL & tag CIBP @ 3588'. OK'D by Jim Amos & Kathy w/BLM. RIH w/tbg. Circulate hole w/10# mud. Spot 35 sks. @ 2015'-1880'. POH. No tag required per Kathy w/BLM. Spot 35 sks @ 899'. POH. Tag @ 765'. POH & Spot 35 sks. @ 703'-575'. POH. Perforate @ 50'. Set plr. @ 10'. Circulate cement to surface leaving casing full w/30 sks. All plugs witnessed by Kathy BLM and procedure approved by Kathy & Jim Amos.

12/29/01 Cut off WH RDMO. Install dry hole marker. Well is P & A.

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

SIGNED Mary Jo Turner TITLE Production Tech II DATE January 12, 2002  
Mary Jo Turner

(This space for Federal or State office use)

APPROVED BY (ORIG. SGD.) ALEXIS C. SWOBODA TITLE REPOLEUR ENGINEER DATE JAN 28 2002  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instruction On Reverse Side

Titl  
stat Accepted for record

only FEB 6 2002

igly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent