

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE to the Bureau No. 1004-0135
(Other Instructions on reverse side) Expires August 31, 1985

Oil Cons. N.M. DIV-DIST. 2
1301 W. Grand Avenue
Artesia, NM 88210

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | | 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 NO. 264 | |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 20' FNL & 2619' FWL Unit C | | 9. API WELL NO. 30-015-28999 | |
| 14. PERMIT NO | | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3815' | |
| 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. 27-T17S-R31E | |
| 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) <input type="checkbox"/> | |

SUBSEQUENT REPORT OF:

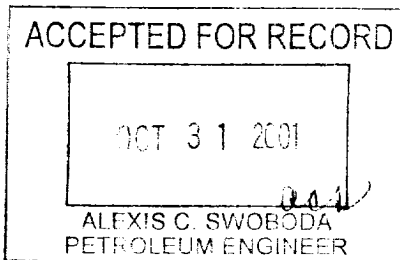
| | |
|--|--|
| WATER SHUT-OFF <input type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREATMENT <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/> |
| (Other) <input checked="" type="checkbox"/> SI until June 1, 1998 (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.)

1/16/98 MIRU Lucky Well Service. NU BOP. RIH w/5-1/2" CIBP & set @ 3219'. Circulated pkr. fluid. Tbg. stuck.

1/20/98 RU Rotary WL & ran free point. Could not get past 2340'. RD WL. Picked up 59 3/4" rods & 65-7/8" rods. Worked through plugs from 2325'-3100'. Circulated well until clean. Tbg. still stuck. POH w/rods.

1/21/98 RU Rotary WL @ 3193'. Cut tbg. & circulated 75 bbls pkr. fluid. RIH w/rods & LD rods. LD 102 jts. 2-7/8" tbg. & 6' cut off RD & clean location. Dumped 5 sks. sand on fish. RDMO. Well is SI until work can start on Seven Rivers June 1, 1998.



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

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

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: _____

*See Instruction On Reverse Side