

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Co. Division

SUBMIT IN TRIPlicate *
(Other Instructions on
reverse side)
811 S. 1st St.
Artesia, NM 88210-2834

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

C/S

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-029420-B	
1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		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. APF No. 30-015-29314	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2586' FSL & 2535' FEL Unit J		9. WELL NO. 284-Y	
		10. FIELD AND POOL, OR WILDCAT Grayburg Jackson Seven Rivers	
		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.) 3763'	12. COUNTY OR PARISH Eddy	13. STATE N.M.

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) _____	(Other) _____
(Other) <u>Temporarily Abandon</u>		(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.)

Wiser requests approval to temporarily abandon the well by the procedure listed below.

1. Notify State 24 hrs. prior to moving on well.
2. MIRU pulling unit.
3. Run CIBP on tbg. to 3425'. (+ or - 15') (Perfs. 3472'-3744')
4. Set plug & circulate 8.33 PPG packer fluid
5. Lay down tbg. & test csg. to 300# for 15 minutes.
6. RDMO

500# for 30 minutes



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

SIGNED fla B sho TITLE Production Foreman DATE August 19, 1999
(This space for Federal or State office use)
APPROVED BY [Signature] TITLE FE DATE 11-7-99
CONDITIONS OF APPROVAL, IF ANY:

*See Instruction On Reverse Side