

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

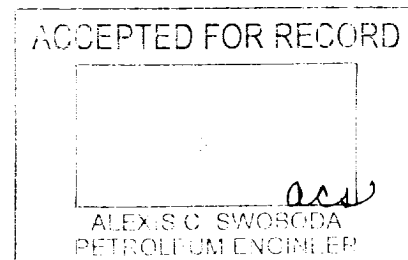
1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME Skelly Unit	
2. NAME OF OPERATOR The Wiser Oil Company		8. WELL NAME AND NO. 284-Y	
3. ADDRESS OF OPERATOR P.O. Box 2568 Hobbs, New Mexico 88241		9. API WELL NO. 30-015-29314	
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		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 County	13. STATE NM

16.	Check Appropriate Box to indicate Nature of Notice, Report, or Other Data
	<input type="checkbox"/> Initial Report <input type="checkbox"/> Follow-up Report <input type="checkbox"/> Other Report <input type="checkbox"/> Other Data <input type="checkbox"/> Other Notice

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
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)		(Other) <u>SI for evaluation</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.)

8/120/99 MIRU Key Well Service. NU BOP's. RIH w/CIBP & 2-7/8" tbg. to 3440'. CIBP would not set. Pulled up to 3409'. Plug would not set. Pulled to 3378'. Plug would not set. Pulled to 3347'. Plug set. Circulate pkr. fluid. LD 2-7/8" tbg. RDMO. Well is SI for further evaluation.



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

SIGNED Mary Jo Tusz TITLE Production Tech II DATE August 18, 2001

(This space for Federal or State office use)

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

***See Instruction On Reverse Side**