

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Oil Cons.
N.M. DIST. 2
1301 W. Grand Avenue
Artesia, NM 88210

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

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"/>		5. LEASE DESIGNATION AND SERIAL NO. LC-029418-A	
2. NAME OF OPERATOR The Wiser Oil Company /		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 2568 Hobbs, New Mexico 88241		7. UNIT AGREEMENT NAME Skelly Unit	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2310' FNL & 1980' FEL Unit G		8. WELL NAME AND NO. 143	
		9. API WELL NO. 30-015-22513	
		10. FIELD AND POOL, OR WILDCAT Grayburg Jackson Fren 7-Rivers-QN-GB-SA	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 23-T17S-R31E	
14. PERMIT NO	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3877' GR	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 checked="" type="checkbox"/>
(Other) <u>Return to production & acidize</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.)

10/07/02 MIRU Eunice Well Service. RIH w/bailer to 2315'. Knock out CIBP & push to 2550'. LD bailer. RIH w/2-3/8" x 5-1/2" AD-1 pkr., 2-3/8" spot control valve & 80 jts. 2-3/8" tbg. to 2485'. Spot 110 gals. scale converter across Seven River perfs. 2365'-2488'.

10/08/02 Swab 14 bbls. scale converter. Move pkr. to 2300'. RU Cudd Pressure Services. Pickle tbg. w/200 gals. 15% HCL acid. Swab 10 bbls. Set pkr. @ 2300'. Acidized Seven Rivers 2365'-2483' w/1800 gals. 15% HCL acid w/anti-sludge & iron control using 1250# rock salt. Best block 490#. Best break 500#. ATP 1750# @ 4.0 bpm. MTP 3000# @ 4.5 bpm. ISIP 790#. 5 min. 360#. 10 min. 250#. 15 min. 170#. RD Cudd. 30 min. S.I. 100#. POH w/2-3/8" tbg. LD valve & pkr.

10/09/02 RIH w/2-3/8" tbg. Tbg. @ 2420'. SN @ 2385'. RD BOP. NU WH. RIH w/rods & 1-1/2" x 12' pump. Left well pumping to Battery "B". RDMO.

ACCEPTED FOR RECORD

FEB 12 2003

ALEXIS C. SWOBODA
PETROLEUM ENGINEER

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

SIGNED Mary Jo Turner TITLE Production Tech II DATE December 4, 2002

(This space for Federal or State office use)

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

*See Instruction On Reverse Side