

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Oil Cons.
N.M. Div-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.)		5. LEASE DESIGNATION AND SERIAL NO. NM-098120	
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. API WELL NO. 30-015-29238	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1333' FSL & 2596' FEL Unit J		9. WELL NO. 255	
14. PERMIT NO		10. FIELD AND POOL, OR WILDCAT Grayburg Jackson Seven Rivers	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3855'		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 23-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)

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) Re-Perf. & Acidize

(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.)

6/13/03 MIRU Eunice Well Service. POH w/rods & pump. ND WH. RU BOP. POH w/2-7/8" tbg. LD TAC & BHA. RIH w/4-3/4" bit & 5-1/2" scraper on 2-7/8" tbg. to 3950'. Good scraping action f/3800'-3930'. POH w/2-3/8" tbg. LD tools.

6/16/03 RIH w/5-1/2" RBP & pkr. assembly on 2-7/8" tbg. RU swab. Tested pkr. @ 3820' & RBP @ 3680'. Test pkr. @ 3820' & RBP @ 3910'. Test pkr. @ 3820' & RBP @ 3950'. RD swab. POH w/2-7/8" tbg. LD tools.

6/17/03 RU Computalog WL. RIH w/5-1/2" CIBP & set @ 3830'. Perforate San Andres f/3420', 3423'-28', 3470'-73', 3550'-52', 64', 75'-78', 3611'-21', 92'-96', 3775'-78', 96', 3801' & 3804'-06' w/4 SPF. RD WL.

6/18/03 RIH w/5-1/2" AD-1 pkr. on 2-7/8" tbg. to 3650'. RU Cudd Pressure Service. Pickle tbg. w/200 gals. 15% HCL acid. Reverse out. Test tbg. to 4000#. Acidize San Andres 3692'-3806' w/2000 gals. 15% HCL acid w/anti-sludge, iron control & 1000# rock salt. Best block 472#. Best break 370#. ATP 2300# @ 3.4 bpm. MTP 2680# @ 4.0 bpm. Flushed w/30 bbls. fresh water. ISIP 2150#. 5 min. 1410#. 10 min. 1075#. 15 min. 905#. 1 hr. S.I. 711#. POH w/2-7/8" tbg. LD AD-1 pkr. RIH w/5-1/2" RBP & pkr. assembly on 2-7/8" tbg. Set RBP @ 3650'. Pkr. @ 3350'. Acidize San Andres 3420'-3578' w/3000 gals. 15% HCL acid w/anti-sludge, iron control & 1500# rock salt. Best block 300#. Best break 250#. ATP 2450# @ 3.8 bpm. MTP 2800# @ 3.9 bpm. Flush w/20 bbls. fresh water. ISIP 2350#. 5 min. 2202#. 10 min. 2138#. 15 min. 2089#. RD Cudd. 1 hr. S.I. 1380#.

6/19/03 Pick up RBP. POH w/2-7/8" tbg. LD RBP & pkr. RIH w/2-7/8" tbg. Tbg. @ 3427'. SN @ 3392'. RD BOP. NU WH. RIH w/rods & 1-3/4" x 16' pump. Left well pumping to Skelly Unit Battery "B". RDMO.

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

SIGNED Mary Jo Turner TITLE Production Tech II DATE July 10, 2003

(This space for Federal or State office use)

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

Accepted for record - NMOCED

*See Instruction On Reverse Side

