

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Oil Cons.
N.M. Div-Dist. 2
1301 W. Grand Avenue
Albuquerque, 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. NM-98122	
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 1300' FNL & 60' FWL Unit D		8. API WELL NO. 30-015-29817	
		9. WELL NO. 401	
		10. FIELD AND POOL, OR WILDCAT Grayburg Jackson 7-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.) 3761'	12. COUNTY OR PARISH Eddy	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"/>

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) Repair & 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.)

6/10/03 MIRU Eunice Well Service. Pump stuck. Back off pump. POH w/rods. ND WH. RU BOP. POH w/2-7/8" tbg. LD TAC & BHA. Carbonate scale on pump, bottom 5 jts. 2-7/8" tbg. & BHA.

6/11/03 RIH w/AD-1 pkr. on 2-7/8" tbg. to 3050'. Test tbg. to 4000#. RU Cudd Pressure Service. Pickle tbg. w/200 gals. 15% HCL acid. Reversed out. Set pkr. @ 3050'. Acidize San Andres f/3107'-3770' w/3000 gals. 15% HCL acid w/sludge control system & 3000# rock salt. Best break 300#. ATP 1840# @ 4.0 bpm. MTP 2080# @ 4.1 bpm. Flush w/50 bbls. fresh water. ISIP 1610#. 5 min. 1469#. 10 min. 1367#. 15 min. 1280#. RD Cudd. 1 hr. S.I. 1250#.

6/12/03 POH w/2-7/8" tbg. LD AD-1 pkr. RIH w/2-7/8" tbg. Tbg. @ 3095'. SN @ 3057'. TAC @ 2743'. RIH w/rods & 1-3/4" x 16' pump. Left well pumping to Battery "B".

ACCEPTED FOR RECORD

JUL 28 2003

ALEXIS C. SWOBODA
PETROLEUM ENGINEER

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

SIGNED Mary Jo Tunney TITLE Production Tech II DATE July 11, 2003

(This space for Federal or State office use)

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

*See Instruction On Reverse Side