

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division

811 S. 1st Street
Artesia, NM 88210-2834
reverse side

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

C/S 1

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-029419-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 1348' FNL & 1197' FWL Unit E		8. WELL NAME AND NO. 224	
		9. API WELL NO. 30-015-29208	
		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. 22-T17S-R31E	
14. PERMIT NO	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3833'	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 TRFAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>

(Other) TA

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) _____
(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 request approval to Temporarily abandon the well by procedure listed below.

1. Notify OCD 24 hrs prior to moving in unit.
2. MIRU unit. LD pump & rods.
3. Set CIBP @ 3171' (+ or - 15'). Cap w/2 sks. cmt. Perfs. 3211'-3404'.
4. Spot 18 bbls. 10#/gal. plugging mud.
5. Set CIBP @ 2190' (+ or - 15'). Perfs. 2230'-2468'.
6. Circulate packer fluid.
7. Test csg. to 300# for 15 min.
8. RDMO 500 # for 30 minutes



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

SIGNED Alan B. Siler TITLE Production Foreman DATE September 24, 1999

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE PE DATE 11-1-99

CONDITIONS OF APPROVAL, IF ANY:

*See Instruction On Reverse Side