

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

SUBMIT IN ORIGINAL COPY
(Other Instructions on reverse side)

N.M. Oil Cons. Division
811 S. 1st Street
Artesia, NM 88210-2834

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

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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.)

<p>1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/></p> <p>2. NAME OF OPERATOR The Wiser Oil Company</p> <p>3. ADDRESS OF OPERATOR P. O. Box 2568 Hobbs, New Mexico 88241</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 142' FNL & 1302' FWL Unit D</p>		<p>5. LEASE DESIGNATION AND SERIAL NO. 88210-2834</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME Skelly Unit</p> <p>8. API WELL NO. 30-015-28975</p> <p>9. WELL NO. 259</p> <p>10. FIELD AND POOL, OR W Grayburg Jackson Seven Rivers</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 28-T17S-R31E</p> <p>12. COUNTY OR PARISH Eddy</p> <p>13. STATE NM</p>	
<p>14. PERMIT NO</p>		<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3784'</p>	

ACCEPTED FOR RECORD

JUN 11 2001

ALEXIS C. SWOBODA
PETROLEUM ENGINEER

RECEIVED
OCD - ARTESIA

16. Check Appropriate Box to indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Perforate Seven Rivers</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.)

11/22/99 MIRU Key WS. POH w/rods & tbg. NU BOP's. RU WL & perforated Seven Rivers f/2219',20',21',37',39',40',41',42',55',56',57',58',84',85',86',95',96',2302',10',15',16' & 17' w/1 SPF (22 holes). RIH w/RBP, pkr. & 2-7/8" tbg. Set RBP @ 2380'. Pulled up to 2320'. Spotted 150 gals. acid. Tested RBP & tbg. to 3500#. Pulled to 2117' & tested csg. to 2500#. Acidized Seven Rivers perf. 2219'-2317' w/2500 gals 15% NE-FE acid & 44 ball sealers. Balled out w/32 balls & 1800 gals. in formation. Surged balls off formation. ATP 1800# @ 4.5 bpm. MTP 2200# @ 5 bpm. ISIP 1556#. 5 min. 1350#. 10 min. 737#. 15 min. 444#.

11/23/99 RIH w/pkr. & knocked balls off perfs. LD tbg. ND WH & BOP's. NU frac valve.

11/24/99-HES frac'd Seven Rivers perfs. 2219'-2317' w/1003 gals. scale inhibitor, 2000 gals. gelled water, 6000 gals. Delta frac & 11,000 gals. Delta frac w/45,000# 16/30 Brady sand. Flushed w/2,000 gals. gelled water. ATP 1210# @ 30 bpm. MTP 2312# @ 31.6 bpm. ISIP 1700#. 5 min. 1129#. 10 min. 1124#. 15 min. 1133#. RD HES.

11/26/99 MIRU Key WS. ND frac valve. NU BOP's. RIH w/retrieving head & 2-7/8" tbg. Tagged sand @ 2195'. Washed sand to 2380'. Released RBP. RIH w/2-7/8" tbg. SN @ 3557'. Total string 3621'. ND BOP's. NU WH. RIH w/2-1/2" x 1-1/2" x 16" RHAC pump & rods. Left well pumping to Battery B Sat. # 4.

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

SIGNED Mary Jo Turner TITLE Production Tech II DATE May 22, 2001

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instruction On Reverse Side