

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(One in duplicate, or
reverse side)
N.M. Oil Conservation Division
811 S. 1st Street
Artesia, NM 88210-2834

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Injection		5. LEASE DESIGNATION AND SERIAL NO. C-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 1980' FSL & 660' FWL		8. FARM OR LEASE NAME	
14. PERMIT NO.		9. WELL NO. 54	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3819' GL		10. FIELD AND POOL, OR WILDCAT Grayburg-Jackson	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 22-T17S-R31E	
		12. COUNTY OR PARISH Eddy	
		13. STATE NM	

RECEIVED

OCT - 1 1996

OIL CON. DIV.

DIST. 2

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) Injection

(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.)
- 6/17/96 MIRU well service. Released pkr. & pulled tbg.
 - 6/18/96 PU 6-1/8" bit & 2-7/8" work string.
 - 6/19/96 PU 3-7/8" bit & 2-3/8" tbg. POH. PU 7" pkr. & WIH w/2-7/8" tbg. Set pkr. @ 2155'. Tested to 500#.
 - 6/20/96 POH w/2-7/8" tbg & pkr. Set 4-1/2" CIBP @ 3297'.
 - 6/21/96 Ran 5-1/2" 17# liner to 3277'. HES pumped 285 sxs. Class "C". Circ. 25 sks. Plug held.
 - 6/24/96 NU WH. RIH w/bit & tbg. Tagged cmt. @ 3180'. Drld. 97' cmt. & insert. POH. RIH w/3-7/8" bit & tbg.
 - 6/25/96 Washed sand f/3277'-3297' & drld. plug. PBDT 3797'. HLS perfd. Grayburg Vacuum f/3127', 39', 52', 88', 3202', 29', 36', 51', 65', 74', 98', 3311', 20', 30', 39', 48', 3364', 81', 3400', 14', 22', 51', 52', 61', 62', 78', 79', 83', 84' & 85'.
 - 6/26/96 RIH w/tbg. & set pkr. @ 3056'. Pumped 4000 gals. 15% NE-FE acid w/80 ball sealers. ISIP 1300#. LD tbg.
 - 6/27/96 Tested Perma-Latch pkr. & 2-3/8" IPC tbg. Set pkr. @ 3112'. Pressured to 300#.
 - 6/28/96 Turned to injection 06/28/96. Rate of injection 150 bbls w/1050#.

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

SIGNED Mary Jo Turner TITLE Production Department Date July 11, 1996

(This space for Federal or State office use)

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

ORIG. SGD, DAVID R. GLASS

SEP 26 1996

*See Instruction On Reverse Side