

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
N.M. Oil Cons. 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.)		5. LEASE DESIGNATION AND SERIAL NO. LC-029420 (B)	
1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER Injection		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. FARM OR LEASE NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 330' FSL & 660' FEL Unit F		9. WELL NO. 77	
		10. FIELD AND POOL, OR WILDCAT Grayburg-Jackson	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 21-T17S-R31E	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3808' DF	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"/>

(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 the work.)

6/ 26/96 MIRU well service. NU BOPE & Environmental recovery unit.
6/27/96 Pulled dual strings. Released pkrs. & POH. GIH w/6-1/8" bit & 2-7/8" work string.
6/28/96 Tagged bottom @ 3268'. POH. RU HLS & ran csg. inspection log.
7/01/96 GIH w/bit & 7" scrapper to 1965'. POH
7/02/96 Ran 5-1/2" 17# liner to 3660'. HES cmted. w/350 sx. Class "C". Did not circ. cmt.
7/03/96 NU BOP & Enviromental unit. GIH w/bit, DC's. & work string. Tagged @ 3597'.
7/08/96 Drld. cmt. f/3597'-3650' PBSD.
7/09/96 RU HLS & perfd. f/3171', 92', 98', 3207', 26', 38', 57', 66', 84', 95', 3308', 12', 22', 35', 69', 3409', 19', 32', 44', 3535' & 45' w/1 SPF (21 holes). Acidized w/4000 gals. 15% NE-FE acid w/80 ball sealers. LD work string.
7/11/96 LD work string. Ran 2-3/8" IPC tbg. w/Perma-Latch pkr.
7/12/96 Set pkr. @ 3133'. Tested csg.
7/15/96 Turned to injection 07/15/96 Rate of iniecton 233 bhls w/850#

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

SIGNED Nancy Jo Turner TITLE Production Department Date July 16, 1996

(This space for Federal or State office use)

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

*See Instruction On Reverse Side

PRINTED IN U.S.A.

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DAY

12-12-46

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NIGHT

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WISCONSIN OIL COMPANY
CALIBRATED
CHARTS
SKELLY UNIT
BR-2221
B 0-1000-S

Rowland Trucking
763
Steven Hovey