

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Div.
811 S. 1st Street
Artesia, NM 88210-2534
SUBMIT IN TRIPLICATE *
(Other Instructions on reverse side)

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

05F

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-029419-A
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME Skelly Unit
8. API WELL NO. 30-015-29031
9. WELL NO. 212
10. FIELD AND POOL, OR WILDCAT Grayburg Jackson 7-Rivers
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 22-T17S-R31E
12. COUNTY OR PARISH Eddy
13. STATE NM

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
The Wisser Oil Company

3. ADDRESS OF OPERATOR
P.O. Box 2568 Hobbs, New Mexico 88241

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface
66' FNL & 2546' FEL
Sec. 22-T17S-R31E
Unit B

14. PERMIT NO

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3853'

DEC 27 '96

C. D.
ARTESIA, OFFICE

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 checked="" 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.)

10/24/96 Halliburton fracd. Vacuum & Grayburg w/45,000 gals. 20# Delta frac & 115,000# 16/30 sand. MTP 3579# @ 50.7 bpm. ATP 2699# @ 46.5 bpm. Max. sand conc. 6.5 ppg. ISIP 2504#. 5 min. 2323#. 10 min. 2223#. 15 min. 2154#.

11/08/96 Ran 2-7/8" tbg to 3891'. SN @ 3856'. TAC @ 3226'. Ran 2-1/2" x 1-1/2" x 16' RHTC pump.

DEC 23 8 02 AM '96

DEC 24 1996
ACH

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

SIGNED Mary Jo Turner TITLE Completion Department DATE November 23, 1996

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instruction On Reverse Side