

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

SUBMIT IN TRIPLICATE *
(Other Instructions on
reverse side)

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

458

SUNDRY NOTICES AND REPORTS ON WELLS <small>(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.)</small>		5. LEASE DESIGNATION AND SERIAL NO. LC-029420-B
		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> 811 S. 1st Street Artesia, NM 88210-2834	7. UNIT AGREEMENT NAME Skelly Unit	
2. NAME OF OPERATOR The Wiser Oil Company		8. API WELL NO. 30-015-28893
3. ADDRESS OF OPERATOR P. O. Box 2568 Hobbs, New Mexico 88241		9. WELL NO. 221
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1390' 2530' FNL & FEL Sec. 21-T17S-R31E Unit G		10. FIELD AND POOL, OR WILDCAT Grayburg Jackson 7-Rivers
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 21-T17S-R31E
14. PERMIT NO	15. ELEVATIONS (Show whether DF, R, or GR) 3777' GR	12. COUNTY OR PARISH Eddy
		13. STATE NM

OCT 18 1996

OIL CON. DIV
DIST 2

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"/>	WATER SHUT-OFF <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>
MULTIPLE COMPLETE <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>
ABANDON* <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	(Other) <input checked="" type="checkbox"/> Spudding, Cementing Surface & Production Casing
CHANGE PLANS <input type="checkbox"/>	(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.)

MIRU Norton Drilling Co., Rig #5. Spudded 12-1/4" surface hole @ 12:45 p.m., 09/25/96. Drilled hole to 450'. Ran 10 jts. 8-5/8", 23#, ISW-42 ST& C csg. Set at 449'. Halliburton cemented with 325 sx. Class "C" containing 1/4#/sk. Flocele + 2% CaCl. Plug down @ 8:30 p.m., 09/25/96. Circulated 64 sx. cmt. BLM was notified, no representative present. NU BOP & tested csg. to 1000# for 30 minutes, no pressure loss. WOC 12 hrs.

Drilled 7-7/8" production hole to a depth of 3850'. Ran casing as follows: Ran 92 jts. 5-1/2" 17#, J-55, LT&C csg. Set at 3850'. Halliburton cemented w/1000 gals. Superflush 102 + 1100 sx. Halliburton Lite + 8# salt/sk. + 1/4# Flocele/sk. followed by 250 sx. Premium Plus w/3#KCL/sk. + .5% Halad 344 + 1/4# Flocele/sk. Displaced w/ bbl. FW + 12 bbls. MSA + 75 bbls. FW w/Lo-Surf 300. Plug down at 5:15 p.m. 09/29/96. Circ. 108 sx. cmt. Squeezed 4 bbls into water flow. Circ. 108 sx. cmt. Pressure tested casing to 1500# for 30 minutes, no pressure loss. Released rig at 7:15 p.m. 09/29/96. BLM was notified, no representative present.

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

SIGNED Mary Jo Turner TITLE Drilling Department DATE October 1, 1996

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE OCT 16 1996

CONDITIONS OF APPROVAL, IF ANY: _____

*See Instruction On Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

