

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE *
(Other Instructions on
reverse side)

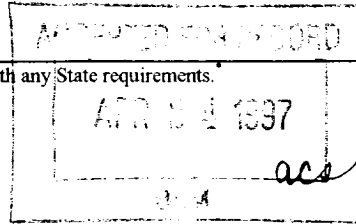
Budget Bureau No. 1004-0135
Expires August 31, 1985

dsf

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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. LC-029420-B	
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 1390' FNL & 2530' FEL Sec. 21-T17S-R31E Unit G		8. API WELL NO. 30-015-28893	
		9. WELL NO. 221	
		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, RT, GR, etc.) 3777'	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 type="checkbox"/>
(Other) <input checked="" type="checkbox"/> Perforate, Acidize & Frac	

(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.)

12/04/96 Halliburton perforated San Andres Vacuum f3277'-79' & 85'-90' w/1 SPF (8 holes).

12/05/96 Halliburton acidized San Andres Vacuum w/1500 gals. 15% NE-FE acid & 16 ball sealers. Formation broke @ 3470#. Balled out w/14 bbls. in formation. MTP 4490# @ 6 bpm. ATP 2900# @ 4.8 bpm. ISIP 2201#. 5 min. 2100#. 10 min. 2067#. 15 min. 2050#.

12/06/96 Halliburton perforated Lower Grayburg f3104'-08', 53', 54', 3208', 09', 10', 37' & 38' w/1 SPF (12 holes).

12/09/96 Halliburton acidized Lower Grayburg w/1800 gals. 15% NE-FE acid & 24 ball sealers. Formation broke @ 2976#. Balled out w/32 bbls. in formation. MTP 4730# @ 5.9 bpm. ATP 2800# @ 4.1 bpm. ISIP 2183#. 5 min. 2099#. 10 min. 2067#. 15 min. 2048#.

12/11/96 Halliburton frac'd Grayburg & Vacuum w/12,000 gals. gel water, 40,000 gals. Delta Frac 20# & 100,000# 16/30 Brown sand. ACP 2800# @ 45 bpm. MCP 3100# @ 47 bpm. Max. sand conc. 7.48 PPG. ISIP 2294#. 5 min. 2161#. 10 min. 2059#. 15 min. 2042#.

01/21/97 Halliburton spotted 100 gals. acid f3045'-2945'. Halliburton perforated Uppr Grayburg f2933', 34', 35', 58', 59', 60', 77'-80', 87', 88', 90', 91', 3014', 15', 31', 32', 33' & 41'-45' w/1 SPF (24 holes).

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

SIGNED Mary Jo Turner TITLE Completion Department DATE February 5, 1997

(This space for Federal or State office use)

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

*See Instruction On Reverse Side