

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.)		5. LEASE DESIGNATION AND SERIAL NO. LC-029420-B	
		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		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' FNL & 2530' 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, 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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Acidize & Frac</u>	<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.)

01/22/97 Halliburton acidized Upper Grayburg perms. f/2933'-3045' w/3600 gals. 15% NE-FE acid & 48 ball sealers. Formation broke @ 2493#. MTP 2904# @ 5.3 bpm. ISIP 2246#. 15 min. 581#. Did not ball out. Good ball action.

01/23/97 Halliburton frac'd Upper Grayburg f/2933'-3045' w/12,000 gals. gel water + 24,500 gals. Delta Frac & 60,000# 16/30 Brady sand. Max. sand conc. 6.26 PPG ATP 2460# @ 36 bpm. MTP 2900# @ 38 bpm. ISIP 2496#. 5 min. 2100#. 10 min. 1918#. 15 min. 1868#.

01/30/97 Ran 2-7/8" tbg. to 3382'. SN @ 3351'. TAC @ 2897'. Ran 2-1/2" x 1-1/2" x 16' RHTC pump.

ACCEPTED FOR RECORD
APR 24 1997
acs

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