

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Oil Conservation Division
811 S. 1st Street
Artesia, NM 88210-2834

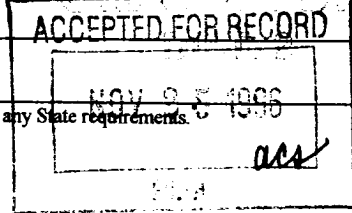
SUBMIT IN TRIPLICATE *

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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. LC-029418-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 1287' FNL & 2590' FWL Sec. 14-T17S-R31E Unit C		8. API WELL NO. 30-015-28971	
		9. WELL NO. 185	
		10. FIELD AND POOL, OR WILDCAT Grayburg Jackson 7-Rivers	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 14-T17S-R31E	
14. PERMIT NO	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3916'	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"/>

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) 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.)

09/17/96 Halliburton perforated San Andres Lower Massive 73963'-65', 68'-74' w/1 SPF (10 holes). Acidized w/1500 gals. 15% NE-FE acid & 20 ball sealers. Formation broke @ 5117#. Balled out w/19 bbls. acid out. MTP 5155# @ 4.2 bpm. ATP 4650# @ 3.8 bpm. ISIP 3084#. 5 min. 2780#. 10 min. 2651#. 15 min. 2566#.

09/18/96 Halliburton perforated Grayburg 73414', 15', 18', 53', 54', 55', 3514', 15', 16', 72', 73', 74', 85', 94', 95', & 3602' w/1 SPF (16 holes).

09/19/96 Halliburton acidized Grayburg 73414'-3602' w/2400 gals. 15% NE-FE acid & 32 ball sealers. Formation broke @ 2710#. Balled out w/45 bbls. in formation. MTP 4750# @ 6.4 bpm. ATP 3250# @ 4.5 bpm. ISIP 2203#. 5 min. 1911#. 10 min. 1849#. 15 min. 1780#.

09/20/96 Haliburton frac'd w/42,000 gals. gel + 100,000# 16/30 Brown sand. ACP 2994# @ 37 bpm. MCP 3161# @ 39 bpm. Max. sand conc. 6.35 ppg. ISIP 2504#. 15 min. 2028#.

09/26/96 Ran 2-7/8" tbg. to 4019'. SN @ 3983'. TAC @ 3319'. Ran 2-1/2" x 1-1/2" x 16' RHBC pump.

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

SIGNED Mary Jo Tuman TITLE Completion Department

DATE October 17, 1996

(This space for Federal or State office use)

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

*See Instruction On Reverse Side