

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(One to Bureau, one to Division, one to State)  
N.M. Oil Cons. Division  
811 S. 1st Street  
Artesia, NM 88210-2834

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

0151

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. C-029420-A	
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 1310' FSL & 2546' FWL Sec. 15-T17S-R31E Unit N		8. FARM OR LEASE NAME	
14. PERMIT NO 30-015-28972		9. WELL NO. 199	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3862' BLM		10. FIELD AND POOL, OR WILDCAT Grayburg Jackson 7-Rivers	
12. COUNTY OR PARISH Eddy		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 15-T17S-R31E	
13. STATE NM			

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 type="checkbox"/>
(Other) <u>Spudding, Cementing, Surface &amp; Production Casing</u>	

(Note: Report results of multiple completion on Well)

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 #7. Spudded 12-1/4" surface hole @ 5:00 p.m., 07/24/96. Drilled hole to 441'. Ran 10 jts. 8-5/8", 23#, K-55, LT& C csg. Set at 438'. Halliburton cemented with 325 sx. Class "C" containing 1/4#/sk. Flocele + 2% CaCl. Plug down @ 9:30 a.m., 07/25/96. Circulated 106 sx. cmt. BLM was notified, Don Early present. NU BOP & tested csg. to 1000# for 30 minutes, no pressure loss.

Drilled 7-7/8" production hole to a depth of 4000'. Ran logs and elected to run casing. Ran 95 jts. 5-1/2", 17#, J-55, LT&C csg. Set at 4000'. Halliburton cemented w/900 sx. Halliburton Lite + 8# salt/sk. + 1/4# Flocele/sk. followed by 250 sx. Premium Plus + 3#KCL/sk. + .5% Halad 344 + 1/4# Flocele/sk. Dropped plug and had cmt. to surface. Shut down. Pumped 2 bbls. FW + 7 bbls. MSA. Pressure tested to 2500#. Rig released at 12:00 p.m. 07/30/96. 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 August 12, 1996

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instruction On Reverse Side

