Form 3160-5 (November 1983) (Formerly 9-331)

UNITEL TATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE *
(Other Instructions on

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

c/5/

BUF	REAU OF LAND	MANAGEMEN	IT.	reverse side)		expires August 31, 198		
	(E) (O) (E) (I)	VIVIAIGEIVIEIV	Common of the Co	M. Oil Cons.	Division	DESIGNATION AND SI	ERIAL NO.	
OUNDOV	NOTIOES A	·	 	1 3 1st Street	LC-()29420-A		
SUNDRY (Do not use this form	NOTICES AT	ND REPORTS	S ON WE	LS NM 8821	0 2834	IAN, ALLOTTEE OR TR	IBE NAME	
Use ".	APPLICATION FOR	PERMIT - " for such	ack to a different proposals.)	reservoir.				
1. OIL GAS OTHER						7. UNIT AGREEMENT NAME		
WELL WELL OTHER						Skelly Unit		
2. NAME OF OPERATOR					O ADT WIT	71.110		
The Wiser Oil Company					8. API WELL NO. 30-015-28972			
3. ADDRESS OF OPERATOR						9. WELL NO.		
P.O. Box 2568 Hobbs, New Mexico 88241						199		
 LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) 						10. FIELD AND POOL, OR WILDCAT		
At surface						Grayburg Jackson 7-Rivers		
1310' FSL & 2546' FWL Sec. 15-T178-R31E						11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA		
	nt N				J SORV	ET OR AREA		
14. PERMIT NO 15 FI EVATIONS (Show whether DE RT CR at a)						Sec. 15-T17S-R31E		
14. PERMIT NO 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3862						12. COUNTY OR PARISH 13. STATE		
16. Cl	eck Appropriate	Roy to indicate N	Vature of No	tice, Report, or Oth	Edd	У	NM	
			 	ice, Report, or Otr	ner Data			
NOTICE OF INTENTION TO:					SUBSEQUENT REPORT OF:			
TEST WATER SHUT OFF	PULL OF /	ALTER CASING	٠,,,,	CED CIVI TO COM				
		<u> </u>	- WA	TER SHUT-OFF		REPAIRING WELL		
FRACTURE TREAT	MULTIPLE	COMPLETE	_ FRA	CTURE TREATMENT		ALTERING CASING		
SHOOT OR ACIDIZE	ABANDON	_{[*}	」 │ _{SHO}	OTING OR ACIDIZIN		ABANDONMENT *		
			٠	ok nomin		ADAMONMENT *		
REPAIR WELL CHANGE PLANS (Other) Perforate,					Acidize & Frac			
Completion on Page					of multiple completion on Well apletion Report and Log form.)			
17. DESCRIBE PROPOSED OR COM	IPLETED OPERATI	ONS: (Clearly state all	pertinent details				,	
proposed work. If well is direction	mally drilled, give sul	osurface locations and r	measured and tru	ne vertical depths for all	markers and zo	ones pertinent to this work.	•	
09/24/96 Halliburton perforated Vacuum & Grayburg	San Andres Vacuum f	/3493'.3504' & 05' w	/1 SPF (3 holes)	Broka formation down	/2 LL 1	@ 2152# D. C		
				5% NE-FE acid & 50 ba 4#. 5 min. 2033#. 10 n			alled	
09/26/96 Halliburton fracd. Gray Max. conc. 6.3 PPG. IS	burg & San Andres V	acuum w/52,000 gals.	gel + 100,000#	16/30 Brown sand. AC	P 2764# @ 51	bpm. MCP 2976#@ 521	opm.	
cons. 0.5 11 G. II	311 230 48 . 13 HHI. 2	,000#.						
11/12/96 Ran 2-7/8" tbg. to 38()4	i'. SN @ 3768'. TA	C @ 3168'. Ran 2-1/2	!" x 1-1/2" x 16'	RHTC pump.				
				• •		6		
						\$3 26		
						17 mg m 18 mg m		
							•	
8. I hereby certify that the foregoing is	true and porrort				···		· ·	
the rest of the re	nue and correct.					4		
SIGNED Mary Oo Turney		TITLE Comple	etion Depart	ment	DATE	December 10: 199	5	
(This engage for Endand or Garage							<u>×</u>	
(This space for Federal or State office t	use)				·			
APPROVED BY CONDITIONS OF APPROVAL, IF A	MV.	TITLE	LACCE	THE FOR RECO	RO DATE_			
CONDITIONS OF MERKOVAL, IF A	ш ч I ;			STOR TO STAR A PROPER	_			
			- "	The first of the first	R GLASS			
			ction On Reve					
itle 18 U.S.C. Section 1001, makes it a	crime for any person	knowingly and willfull	ly to make to any	department or agency	of the United St	ates any false, fictitious or	fraudulent	

