

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

C/SF

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"/> MAR 28 1997		5. LEASE DESIGNATION AND SERIAL NO. LC-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 1294' FSL & 1295' FEL Sec. 15-T17S-R31E Unit P		8. API WELL NO. 30-015-28998	
		9. WELL NO. 200	
		10. FIELD AND POOL, OR WILDCAT Grayburg Jackson 7-Rivers	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 15-T17S-R31E	
14. PERMIT NO	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3869' GR	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 checked="" type="checkbox"/>

(Other) Perforate & Acidize

(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.) *

11/14/96 Halliburton perforated San Andres Three Fingers f3768', 75', 76', 77', & 87'-94' w/1 SPF (12 holes).

11/15/96 Halliburton acidized San Andres Three Fingers 3768'-3794' w/1800 gals. 15% NE-FE acid & 24 ball sealers. Formation broke @ 5787#. Balled out with 18 bbls. in formation. MTP 5787# @ 4.3 bpm. ATP 3900# @ 3.4 bpm. ISIP 2411#. 5 min. 2189#. 10 min. 2137#. 15 min. 2098#.

11/18/96 Halliburton perforated San Andres Vacuum f3537', 38', 39' & 45'-50' w/1 SPF (9 holes). Halliburton acidized San Andres Vacuum w/1300 gals. 15% NE-FE acid & 18 ball sealers. Formation broke @ 4665'. Balled out with 18 bbls. acid in formation. MTP 4550# @ 4.4 bpm. ATP 3500# @ 3.8 bpm. ISIP 2216#. 5 min. 2119#. 10 min. 2105#. 15 min. 2091#.

11/19/96 Halliburton perforated Grayburg f3299', 3300', 01', 43', 44', 67', 68', 69', 3405', 06', 07', 27'-32', 82' & 98'-3501' w/1 SPF (22 holes). Halliburton acidized Grayburg perms. 3299'-3501' w/3300 gals. 15% NE-FE acid & 44 ball sealers. Formation broke @ 3693#. Balled out w/62 bbls. in formation. MTP 4010# @ 6 bpm. ATP 3150# @ 4.5 bpm. ISIP 2335#. 5 min. 2133#. 10 min. 2110#. 15 min. 1796#.

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

SIGNED Mary Jo Turner TITLE Completion Department DATE January 28, 1997

(This space for Federal or State office use)

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

*See Instruction On Reverse Side

ORIG. SGD. DAVID E. GLASS

