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

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

UNITED STATES DEPARTMENT OF THE INTERIOR

SUBMIT IN TRIPLICATE *
(Other Instructions on

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

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(romeny 9-331)		MENT OF THE INTERIOR	reverse side)	Expires August 31, 19	83	
	BUREAU	JOF LAND MANAGEMENT		5. LEASE DESIGNATION AND S	ERIAL NO.	
				LC-029420-A		
SU	INDRY NOT	TICES AND REPORTS O	N WELLS	6. IF INDIAN, ALLOTTEE OR TR	IBE NAME	
(Do not	use this form for pro	oposals to drill or to deepen or plug back to	a different reservoir.			
1.	Use "APPLI	CATION FOR PERMIT - " for such plan	MUSINIER	T I DUT A ODDER OF YOUR AND A SECOND		
OIL	GAS	OTHER	ש	7. UNIT AGREEMENT NAME		
WELL	WELL \square			Skelly Unit		
2. NAME OF OPERATOR			MAR 2 8 19 97	8. API WELL NO.		
The Wiser Oil Company				30-015-28998		
3. ADDRESS OF OP	ERATOR	- Of	MIM	9. WELL NO.		
P.O. Box 2:	568 Hobbs, N	New Mexico 88241		200		
4. LOCATION OF W	ELL (Report locati	on clearly and in accordance with any Stat	e requirements.	10. FIELD AND POOL, OR WILDCAT		
See also space 17 At surface	below.)			Grayburg Jackson 7-Rivers		
At surface 1294' FSL & 1295' FEL				11. SEC., T., R., M., OR BLK. ANI		
Sec. 15-T17S-R31E				SURVEY OR AREA		
	Unit P					
14. PERMIT NO		15. ELEVATIONS (Show whether DF.	DT CD etc.)	Sec. 15-T17S-R31E 12. COUNTY OR PARISH	12 07 17	
		3869' GR	KI, OK, etc.)	Eddy	13. STATE NM	
16.	Check	Appropriate Box to indicate Natu	ure of Notice Penart or Othe		INIVI	
	CHOOK A	appropriate Box to indicate ivate		Ci Data		
	NOTICE OF INT	TENTION TO:	SUBSEQUENT REPORT OF:			
TENER III A TENER OF THE						
TEST WATER SHUT	OFF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL	,	
FRACTURE TREAT		MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASIN	_c \square	
### CT . CT . CT				ALTERING CASIN	° H	
SHOOT OR ACIDIZE		ABANDON*	SHOOTING OR ACIDIZING	G ABANDONMENT		
REPAIR WELL		CHANGE PLANS	COUL > Profession & A	-141		
KLI AIK WELL		CHANGE PLANS	(Other) Perforate & A			
(Other)			(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)			
17. DESCRIBE PROPOS	ED OR COMPLET	ED OPERATIONS: (Clearly state all pert	inent details, and give pertinent dates	s, including estimated date of starting ar	ıy	
proposed work. If v	well is directionally	drilled, give subsurface locations and measure	sured and true vertical depths for all r	markers and zones pertinent to this work	c.) *	
11/21/06 H-18h	6					
@ 46.2 b	on frac d Grayburg opm. ACP 3151# @	perfs. f/3299'-3501' w/12,000 gals. gelled § 45 bpm. Max. sand conc. 6.32 PPG. ISI	l water & 40,000 gals. Delta Frac 20: P 2946# 5 min 2518# 10 min 23	# w/100,000# 16/30 Brown sand. MC 61# - 15 min - 2266#	P 3500#	
				01%. 15 Hill. 2200#.		
12/20/96 Ran 2-7/3	8" tbg. to 3891'. Sl	N @ 3860'. TAC @ 3280'. Ran 2-1/2" x	2" x 20' RHTC pump.			
				RECEIVED		
				RE		
		***		WAR 20'97 ROSWELL, NM		
				"" 50 at		
		113222		MAIL	¥.	
			DAVID A	BLIM NIM	\	
			GLA89	BOSWELL, CALL	aj.	
		1		100		
			1	•		
18. I hereby certify that the	e foregoing is true a	nd correct.	The same same same same same same same sam			
GIOVED M	n /	mr== - C 1 · ·	The same of the sa	¥ =0		
SIGNED ///ary	40 Junny	TITLE Completic	on Department	DATE <u>January 28, 1997</u>	· -	
(This space for Federal o	r State office use)					

*See Instruction On Reverse Side

DATE

TITLE

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