

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division  
811 S. 1st Street  
Artesia, NM 88210-2834  
SUBMITTAL INSTRUCTIONS  
(Other instructions on  
reverse side)

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

CLSF

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-029419-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 66' FNL & 2546' FEL Sec. 22-T17S-R31E Unit B		8. API WELL NO. 30-015-29031	
14. PERMIT NO		9. WELL NO. 212	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3853'		10. FIELD AND POOL, OR WILDCAT Grayburg Jackson 7-Rivers	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 22-T17S-R31E	
		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.)

10/17/96 Halliburton perforated San Andres Three Fingers/Upper Massive f/3761'-65', 91'-92', 3800'-03', 10'-15' w/1 SPF (17 holes). Acidized perms. w/2500 gals. 15% NE-FE acid & 34 ball sealers. Formation broke @ 4217'. Balled out w/34 bbls. in formation. MTP 4750# @ 4.1 bpm. ATP 4217# @ 3.5 bpm. ISIP 3010#. 5 min. 1956#. 10 min. 1847#. 15 min. 1772#.

10/18/96 Halliburton perforated San Andres Vacuum f/3475'-80' w/1 SPF (6 holes). Spotted 2 bbls. 15% NE-FE acid & acidized w/1000 gals. 15% NE-FE acid & 12 ball sealers. Formation broke @ 3519#. MTP 4565# @ 5.3 bpm. ATP 3360# @ 3.8 bpm. Balled out w/11 bbls. in formation. ISIP 2295#. 5 min. 1914#. 10 min. 1873#. 15 min. 1857#.

10/21/96 Halliburton perforated Grayburg f/3239'-43', 80', 81', 3304', 05', 08', 09', 3364', 65', 66', 3433', 36', 37' & 38' w/1 SPF (18 holes). Spotted 3 bbls. acid & acidized w/2700 gals. 15% NE-FE acid & 36 ball sealers. Formation broke @ 1700#. Good ball action. MTP 3850# @ 4.7 bpm. ATP 2800# @ 4 bpm. ISIP 2238#. 5 min 1942#. 10 min. 1879#. 15 min. 1828#.

DEC 23 8 32 AM '96  
RECEIVED

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

SIGNED Mary Jo Turner TITLE Completion Department DATE November 23, 1996

(This space for Federal or State office use)

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

\*See Instruction On Reverse Side

DEC 24 1996