

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

CLSF

OCT 17 12:43 PM '96

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 well proposals.)

1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		N.M. Oil Cons. Division 811 S. 1st Street Artesia, NM 88210-2834		5. LEASE DESIGNATION AND SERIAL NO. LC-029418-B
2. NAME OF OPERATOR The Wiser Oil Company		7. UNIT AGREEMENT NAME Skelly Unit		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 2568 Hobbs, New Mexico 88241		8. API WELL NO. 30-015-29032		9. WELL NO. 240
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2403' FSL & 78' FWL Sec. 23-T17S-R31E Unit L		10. FIELD AND POOL, OR WILDCAT Grayburg Jackson 7-Rivers		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 23-T17S-R31E
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3857'	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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT * <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input checked="" type="checkbox"/> Spudding, Cementing Surface & Production Casing (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.)

MIRU Norton Drilling Co., Rig #5. Spudded 12-1/4" surface hole @ 12:15 p.m., 10/05/96. Drilled hole to 445'. Ran 10 jts. 8-5/8", 23#, ISW-42 ST& C csg. Set at 443'. Halliburton cemented with 325 sx. Class "C" containing 1/4#/sk. Flocele + 2% CaCl. Plug down @ 9:15 p.m., 10/05/96. Circulated 128 sx. cmt. Had water flow @ 3100' w/38 bph until T.D. BLM was notified, no representative present. NU BOP & tested csg. to 1000# for 30 minutes, no pressure loss. WOC 12 hrs.

Drilled 7-7/8" production hole to a depth of 4050'. Ran casing as follows: Ran 96 jts. 5-1/2" 17#, J-55, LT&C csg. Set at 4050'. Halliburton cemented w/1000 gals. Superflush 102 + 900 sx. Halliburton Lite + 8# salt/sk. + 1/4# Flocele/sk. followed by 250 sx. Premium Plus w/3#KCL/sk. + .5% Halad 344 + 1/4# Flocele/sk. Displaced w/1 bbl. FW + 12 bbls. MSA + 80 bbls. FW w/Lo-Surf 300. Plug down at 3:30 a.m. 10/10/96. Circ. 134 sx. cmt. Squeezed 4 bbls. cmt. into water flow. Pressure tested casing to 1500# for 30 minutes, no pressure loss. Released rig at 5:30 a.m. 10/10/96. BLM was notified, no representative present

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

SIGNED Mary Jo Tunny TITLE Drilling Department DATE October 10, 1996

(This space for Federal or State office use)

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

*See Instruction On Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

