

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division
SUBMIT IN TRIPLICATE *
811 S. 1st Street
Artesia, NM 88210-2834

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"/>		5. LEASE DESIGNATION AND SERIAL NO. LC-029418-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		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 2558' FNL & 1455' FWL Sec. 23-T17S-R31E Unit F		8. API WELL NO. 30-015-29033	
14. PERMIT NO.		9. WELL NO. 241	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3863'		10. FIELD AND POOL, OR WILDCAT Grayburg Jackson 7-Rivers	
12. COUNTY OR PARISH Eddy		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 23-T17S-R31E	
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"/>

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 type="checkbox"/>
(Other) <u>Spudding, Cementing Surface & Production Casing</u> <input checked="" type="checkbox"/>	

(Note: Report results of multiple completion on Well

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 @ 3:30 p.m., 09/14/96. Drilled hole to 435'. Ran 10 jts. 8-5/8", 23#, K-55, LT& C csg. Set at 435'. Halliburton cemented with 325 sx. Class "C" containing 1/4#/sk. Flocele + 2% CaCl. Plug down @ 3:30 a.m., 09/15/96. Circulated 72 sx. cmt. 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 4000'. Ran logs and elected to run casing. Ran 95 jts. 5-1/2" 17#, J-55, LT&C csg. Set at 4000'. 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 + 79 bbls. FW w/Lo-Surf 300. Plug down at 12:30 a.m. 09/20/96. Circ. 10 sx. cmt. Pressure tested casing to 1500# for 30 minutes, no pressure loss. Released rig at 3:30 a.m. 09/20/96. BLM was notified, no representative present.

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

SIGNED Mary Jo Turner TITLE Drilling Department DATE September 23, 1996

(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 R. GLASS