

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 location.  
Use "APPLICATION FOR PERMIT - " for such proposals.)

RECEIVED  
MAY 20 1997  
BUREAU OF LAND MANAGEMENT  
ROSWELL, NM 87701

1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. LC-029418-B	
2. NAME OF OPERATOR The Wiser Oil Company		6. 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 1360' FSL & 1229' FWL Sec. 23-T17S-R31E Unit L		8. WELL NO. 254	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3855'	
16. Check Appropriate Box to indicate Nature of Notice, Report, or Other Data		12. COUNTY OR PARISH Eddy	
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.)		13. STATE NM	

ACCEPTED FOR RECORD  
MAY 21 1997  
BLM

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 type="checkbox"/>

(Other) Perforate, Acidize & Frac

(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.)
- 12/20/96 Halliburton perforated San Andres Three Fingers/Upper Massive f/3819', 20', 62', 63', 72', 73', 75', 78', 79', 80', 83', 88', 89', 93', 96' & 99'-3905' w/1 SPF (22 holes).
  - 12/21/96 Halliburton acidized San Andres Three Fingers/Upper Massive f/3819'-3905' w/3300 gals. 15% NE-FE acid & 44 ball sealers. Formation broke @ 3917#. Little ball action. MTP 2940# @ 8 bpm. ATP 2550# @ 6.4 bpm. ISIP 1885#. 5 min. 1544#. 10 min. 1333#. 15 min. 1195#.
  - 12/23/96 Halliburton perforated San Andres Vacuum f/3577', 78', 79', 85', 86', 89', 90', 3665' & 66' w/1 SPF (9 holes). Set RTTS pkr & had water flow. SI pressure for 15 min. 85#. Flowed for 45 min. Recovered 8 bbls. All water.
  - 12/24/96 Halliburton acidized San Andres Vacuum f/3577'-3666' w/1400 gals. 15% NE-FE acid & 18 ball sealers. Formation broke @ 4610#. Balled out w/ 11 bbls. in formation. MTP 5185# @ 5.8 bpm. ATP 3050# @ 4.6 bpm. ISIP 2286#. 5 min. 1968#. 10 min. 1906#. 15 min. 1874#.
  - 12/26/96 Halliburton set 5-1/2" CIBP @ 3700'. Perforated Grayburg f/3313'-16', 52', 53', 87', 88', 3437'-40', 3508', 09', 10', 24' & 25' w/1 SPF (17 holes). Acidized Grayburg perms. 3313'-3525' w/2600 gals. 15% NE-Fe acid & 34 ball sealers. Formation broke @ 4041#. Balled out with 10 bbls. in formation. MTP 4614# @ 6 bpm. ATP 3150# @ 4.1 bpm. ISIP 2190#. 5 min. 2094#. 10 min. 2044#. 15 min. 2009#.

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

SIGNED Mary Jo Toney TITLE Completion Department DATE March 19, 1997

(This space for Federal or State office use)

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

\*See Instruction On Reverse Side