

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

C15F

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-029420-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 259' FSL & 1181' FWL Sec. 15-T17S-R31E Unit M		8. WELL NO. 30-015-29092	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3852' GR		9. WELL NO. 211	
10. FIELD AND POOL, OR WILDCAT Grayburg Jackson 7-Rivers		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 15-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 type="checkbox"/>

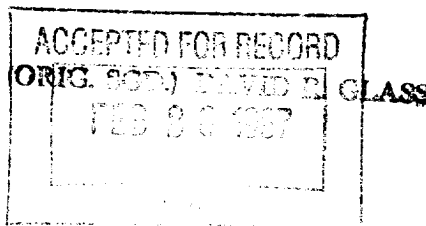
(Other) Frac

(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.)

01/17/97 Halliburton frac'd Lower Grayburg f/3385'-3447' & Upper Vacuum f/3451'-3456' w/12,000 gals. gelled water, 24,500 gals. Delta Frac 20# & 60,000# 16/30 Brown sand. ACP 2588# @ 52 bpm. MCP 2939# @ 54 bpm. Max. sand conc. 6.22 PPG. ISIP 2220#. 5 min. 1909#. 10 min. 1856#. 15 min. 1844#.

01/23/97 Ran 2-7/8" tbg., pump & rods.



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

SIGNED Mary Jo Turner TITLE Completion Department DATE January 25, 1997

(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.