

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Div  
811 S. 1st Street  
Alhambra, NM 88210-2834

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

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		5. LEASE DESIGNATION AND SERIAL NO. LC-029420-B	
1. OIL <input checked="" type="checkbox"/> WELL GAS <input type="checkbox"/> WELL OTHER <input type="checkbox"/>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR The Wiser Oil Company		7. UNIT AGREEMENT NAME Skelly Unit	
3. ADDRESS OF OPERATOR P. O. Box 2568 Hobbs, New Mexico 88241		8. API WELL NO. 30-015-29181	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2620' FNL & 1343' FWL Sec. 21-T17S-R31E Unit F		9. WELL NO. 233	
		10. FIELD AND POOL, OR WILDCAT Grayburg Jackson 7-Rivers	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 21-T17S-R31E	
14. PERMIT NO	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3756'	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) 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 #7. Spudded 12-1/4" surface hole @ 3:45 p.m. 10/16/96. Drilled hole to 443'. Ran 10 jts. 8-5/8", 23#, ISW-42 ST&C csg. Set at 441'. Halliburton cemented with 750 gals. Superflush 100 + 425 sx. Class "C" w/1/4#/sk. Flocele + 2% CaCl. Plug down @ 1:00 a.m., 10/16/96. Circulated 0 sx. cmt. BLM was notified, no representative present. NU BOP & tested csg. to 1000# for 30 minutes, no pressure loss. WOC 12 hrs. RIH w/1" tbg. & tagged cmt. @ 140'. HES cmted. w/125 sx. Class "C" w/1/4#/sk. Flocele + 2% CaCl. Circ 6 sx. cmt. to pit. Job complete 6:45 a.m. 10/17/96. Lost circ. @ 493' thru TD. Mixed 3 LCM pills.

Drilled 7-7/8" production hole to a depth of 3900'. Ran casing as follows: Ran 93 jts. 5-1/2" 17#, J-55, LT&C csg. Set at 3900'. Halliburton cemented w/1000 gals. Superflush 101 + 1300 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 + 77 bbls. FW w/Lo-Surf 300. Plug down at 5:45 a.m. 10/22/96. Circ. 0 sx. cmt. Pressure tested casing to 1500# for 30 minutes no pressure loss. Released rig at 7:45 a.m. 10/22/96.

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

SIGNED Mary Jo Tussler TITLE Drilling Department DATE October 22, 1996

(This space for Federal or State office use)

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

\*See Instruction On Reverse Side

