

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate Budget Bureau No. 1004-0135
(Other Instructions on reverse side) Expires August 31, 1985

C/5F

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 TO DRILL" for such proposals.)		BASE DESIGNATION AND SERIAL NO. LC-029418-A	
1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		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. 30-015-29183	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2616' FNL & 1343' FEL Sec. 23-T17S-R31E Unit G		9. WELL NO. 243	
14. PERMIT NO		10. FIELD AND POOL, OR WILDCAT Grayburg Jackson 7-Rivers	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3882'		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 23-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:		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) <u>Frac</u>	

(Other) _____
(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.)

02/13/97 Ran 2-7/8" tbg. to 3923'. SN @ 3892'. TAC @ 3346'. Ran 2-1/2" x 1-3/4" x 20' RHTC pump.

02/18/97 Left well pumping to Sat. #5 Battery B @ 5:00 p.m.

06/13/97 LD rods & pump to frac.

06/16/97 Halliburton frac'd Grayburg (3385'-3576') & Upper Vacuum (3592'-3610') w/12,000 gals. gelled water, 33,000 gals. 20# Delta Frac & 75,000# 16/30 Brown sand. ATP 3050# @ 56 bpm. MTP 3309# @ 58 bpm. ISIP 2301#. 5 min. 2236#. 10 min. 2185#. 15 min. 2133#.

06/23/97 Removed frac valve & NU BOP. Tagged sand @ 3700'. Cleaned out f/3700'-3986'.

06/24/97 Ran pump & rods. Left well pumping.

ACCEPTED FOR RECORD
JUN 27 1997
acs

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

SIGNED Mary Jo Turner TITLE Completion Department DATE June 27, 1997

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instruction On Reverse Side