

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

clsf

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back (oil) wells and use "APPLICATION FOR PERMIT TO DRILL" for such proposals.)

RECEIVED  
OIL CON. DIV.  
APR 03 1997

1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. LC-029419-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 1348' FNL & 1197' FWL Sec. 22-T17S-R31E Unit E		8. API WELL NO. 30-015-29208	
		9. WELL NO. 224	
		10. FIELD AND POOL, OR WILDCAT Grayburg Jackson 7-Rivers	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 22-T17S-R31E	
14. PERMIT NO	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3833'	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) 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.)

12/02/96 Halliburton perforated San Andres Vacuum f3441', 42' & 43' w/1 SPF. Broke down perfs. @ 3829#. Perforated remaining Vacuum & Grayburg f3211', 12', 52', 53', 54', 3318', 19', 27'-30', 75'-78', 3403' & 04' w/1 SPF (total of 20 holes). Halliburton acidized w/3000 gals. 15% NE-FE HCL & 40 ball sealers. ACP 2180# @ 6.75 bpm. MCP 4400# @ 9 bpm. Balled out w/2016 gals. acid in zone & 32 balls on formation. ISIP 2020#. 5 min 1883#. 10 min. 1854#. 15 min. 1836#.

12/05/96 Halliburton frac'd Grayburg w/12,000 gals. gel water, 40,000 gals. Delta Frac 20# & 100,000# 16/30 Brown sand. MCP 3350# @ 45.14 bpm. ACP 2884# @ 42 bpm. Max. sand conc. 6.49 ppg. ISIP 2214#. 5 min. 2087#. 10 min. 2044#. 15 min. 2028#.

12/11/96 Ran 2-7/8" tbg. to 3530'. SN @ 3500'. TAC @ 3174'. Ran 2-1/2" x 1-1/2" x 16' RHTC pump.

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

SIGNED Mary Jo Turner TITLE Completion Department DATE December 11, 1996

(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.

