

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 to a different reservoir. Use "APPLICATION FOR PERMIT - " for such proposals.)		5. LEASE DESIGNATION AND SERIAL NO. LC-029418-B	
1. <input checked="" type="checkbox"/> OIL <input type="checkbox"/> GAS <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. 30-015-29217	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2625' FNL & 2557' FWL Sec. 14-T17S-R31E Unit F		9. WELL NO. 194	
14. PERMIT NO		10. FIELD AND POOL, OR WILDCAT Grayburg Jackson 7-Rivers	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3905'		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 14-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) 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.)
- 12/11/96 Halliburton perforated San Andres Lower Massive f/3943', 47'-52', 70'-74', 76', 77' & 78' w/1 SPF (15 holes).
- 12/12/96 Halliburton acidized San Andres Lower Massive f/3943'-3978' w/2300 gals. 15% NE-FE acid & 30 ball sealers. Formation broke @ 3590#. Balled out w/48 bbls. in formation. MTP 4540# @ 6.1 bpm. ATP 3080# @ 4 bpm. ISIP 2221#. 5 min. 1991#. 10 min. 1933#. 15 min. 1890#.
- 12/13/96 Halliburton perforated San Andres Upper Massive/Three Fingers f/3849', 50', 51', 73', 74', 75' & 80'-89' w/1 SPF (16 holes). Acidized perfs. 3849'-3889' w/2400 gals. 15% NE-FE acid & 32 ball sealers. Formation broke @ 1773#. Good ball action. MTP 3600# @ 6 bpm. ATP 2900# @ 4.8 bpm. ISIP 2358#. 5 min. 2188#. 10 min. 2077#. 15 min. 2031#.
- 12/16/96 Halliburton perforated San Andres Vacuum f/3631', 32' & 35' w/1 SPF (3 holes). Formation broke @ 2996#. Pumped 4 bbls. @ 3-1/2 bpm @ 2500#. Perforated reaming Vacuum & Grayburg f/3393', 94', 95', 3428', 32'-35', 60', 61', 3503', 04', 05', 68', 69', 83', 84', 3613', 14', 22', 23' & 24' w/1 SPF (Total of 25 holes). Acidized San Andres Vacuum & Grayburg perfs f/3393'-3635' w/3800 gals. 15% NE-FE acid & 50 ball sealers. Good ball action. MTP 3532# @ 5.3 bpm. ATP 27 24# @ 4.9 bpm. ISIP 2245#. 5 min. 2013#. 10 min. 1947#. 15 min. 1925#.
- 12/19/96 Halliburton frac'd Grayburg & Vacuum f/3393'-3635' w/12,000 gals. gelled water, 41,900 gals. Delta Frac #20 & 85,700# 16/30 Brown sand. Cut sand w/3100 gals. left. ACP 3650# @ 51 bpm. MCP 3860# @ 52 bpm. Max. sand conc. 6.63 ppg. ISIP 2819#. 5 min. 2472#. 10 min. 2396#. 15 min. 2373#.
- 12/24/96 Ran 2-7/8" tbg. to 4022'. SN @ 3992'. TAC @ 3350'. Ran 2-1/2" x 1-3/4" x 16' RHTC pump.

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

SIGNED Mary Jo Turner TITLE Completion Department DATE April 28, 1997

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instruction On Reverse Side