

UNITEL TATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate * JUNE 1997
(Other Instructions on reverse side)
Budget Bureau No. 1004-0135
Expires August 31, 1995

15F

RECEIVED

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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		5. DESIGNATION AND SERIAL NO. LC-029418-B	
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 2630' FSL & 2581' FEL Sec. 23-T17S-R31E Unit J		8. API WELL NO. 30-015-29237	
		9. WELL NO. 242	
		10. FIELD AND POOL, OR WILDCAT Grayburg Jackson 7-Rivers	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 23-T17S-R31E	
14. PERMIT NO	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3864'	12. COUNTY OR PARISH Eddy	13. STATE NM

BUREAU OF LAND MGMT.
ROSWELL OFFICE

AUG 15 1997

OIL CON. DIV.
DIST. 2

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) Squeeze Upper Grayburg
(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.)

04/09/97 MIRU unit. NU WH & BOP's.

04/10/97 Tagged sand @ 3493'. Washed sand to 3553'. LD brige plug. ND frac valve. NU WH & BOP's.

04/11/97 RIH w/tbg., rods & 2-1/2" x 2" x 20' RHBC pump. Left well pumping to Sat. #5 Battery "B" @ 5:00 p.m. 04/11/97.

05/21/97 MIRU. POH w/rods & unseated pump

05/22/97 RIH w/R-4 pkr. Had water flow coming from Upper Grayburg perfs. @ 3407', 08', 09', 27', 28', 36', 37', 38' & 39'. POH w/pkr.

05/23/97 RIH w/CIBP & set @ 3454'. Dropped standing valve. Tested tbg. to 3500#. RIH w/cmt. retainer & pumped 30 bbls. Set retainer @ 3399'. Pumped into perfs @ 2 bpm w/800#.

05/24/97 Halliburton squeezed Upper Grayburg perfs. @ 3407'-3439' w/100 sks. Class "C" 4/10% Halad-322, 50 sks. Class "C" 2% CaCl2 & 50 sks. Class "C" neat.

05/27/97 RIH w/4-3/4" bit & 6 3-1/2" DC's. Tagged @ 3390'. Drig. cmt. to 3439'. Pulled to 3349'. Had 1/2" flow.

ACCEPTED FOR RECORD
JUN 10 1997
acs

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

SIGNED Mary Jo Turner TITLE Completion Department DATE June 4, 1997

(This space for Federal or State office use)

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

*See Instruction On Reverse Side