

UNITEL TATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Artesia, NM

30245-0832
NATION AND SERIAL NO.
LC-029418-B

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different use. Use "APPLICATION FOR PERMIT" - " for such proposals.)

1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		7. UNIT AGREEMENT NAME Skelly Unit	
2. NAME OF OPERATOR The Wiser Oil Company		8. API WELL NO. 30-015-29237	
3. ADDRESS OF OPERATOR P.O. Box 2568 Hobbs, New Mexico 88241		9. WELL NO. 242	
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		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

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"/>

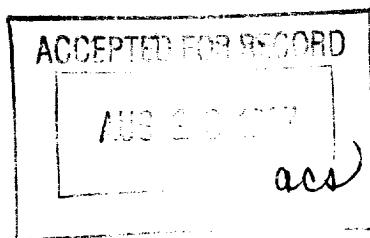
(Other) Drill out CIBP

(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.)

05/28/97 Drilled out CIBP. POH & LD collars. RIH w/mud jt., SN, 12 jts. 2-7/8" tbg, TAC & 106 jts. 2-7/8" EUE tbg. ND BOREHOLE/WELL

05/29/97 RIH w/pump & rods. Left well pumping to Battery "B" Sat. # 5.



RECEIVED
AUG 11 A 10:50
BUREAU OF LAND MGMT.
ROSWELL OFFICE

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