

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

CLSP

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 <input type="checkbox"/> GAS <input type="checkbox"/> OTHER | | 5. LEASE DESIGNATION AND SERIAL NO. LC-029418-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 28' FSL & 1164' FEL Sec. 14-T17S-R31E Unit P | | 8. API WELL NO. 30-015-29273 |
| | | 9. WELL NO. 217 |
| | | 10. FIELD AND POOL, OR WILDCAT Grayburg Jackson 7-Rivers |
| | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 14-T17S-R31E |
| 14. PERMIT NO. | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3891 | 12. COUNTY OR PARISH Eddy |
| | | 13. STATE NM |

JUL 31 1997

OIL OCS-01V-
SEC. 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) 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.)

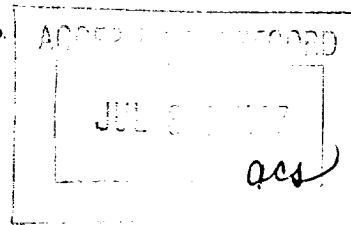
01/29/97 Halliburton perforated San Andres Vacuum f/3657', 58' & 59' w/1 SPF. Broke down perforations w/2370# @ 3 bpm. Perforated remaining Vacuum & Grayburg perms. f/3456', 57', 58', 86', 87', 3547'-51', 3608', 09', 18', 28', 29', 30', 34', 46', 47', 48' & 56' w/1 SPF (Total of 24 holes). Acidized San Andres Vacuum & Grayburg f/3456'-3659' w/3600 gals. 15% NE-FE acid & 48 ball sealers. Formation broke @ 2445#. Good ball action. MTP 3707# @ 9.2 bpm. ATP 2800# @ 7 bpm. ISIP 1716#. 5 min. 1544#. 10 min. 1412#. 15 min. 1294#.

01/31/97 Halliburton frac'd Vacuum/Grayburg perms. f/3456'-3659' w/12,000 gals. gelled water, 40,000 gals. 20# Delta Frac & 100,000# 16/30 Brown sand. MTP 3000# @ 50 bpm. ATP 2700# @ 49 bpm. ISIP 2127#. 5 min. 1898#. 10 min. 1867#. 15 min. 1856#.

02/07/97 Tagged @ 4078'. Ran 2-7/8" tbg. to 3777'. SN @ 3764'. TAC @ 3425'. Ran 2-1/2" x 1-1/2" x 16' RHTC pump.

02/10/97 Set pumping unit. NU WH.

0211/97 Tied in electricity. Turned well pumping to Sat. #1 Battery "A".



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

SIGNED Mary Jo Turner TITLE Completion Department DATE April 1, 1997

(This space for Federal or State office use)

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

*See Instruction On Reverse Side