

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE *
(Other Instructions on
reverse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

dsf

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. LEASE DESIGNATION AND SERIAL NO. LC-029420-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 2564' FSL & 1415' FEL. Sec. 15-T17S-R31E Unit J		8. API WELL NO. 30-015-29312	
		9. WELL NO. 191	
		10. FIELD AND POOL OR WILDCAT Grayburg Jackson 7-Rivers	
		11. SEC. T, R, M, OR B/LK. AND SURVEY OR AREA Sec. 15-T17S-R31E	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3876'	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 checked="" type="checkbox"/>

(Other) Perforate & Acidize

(Note: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

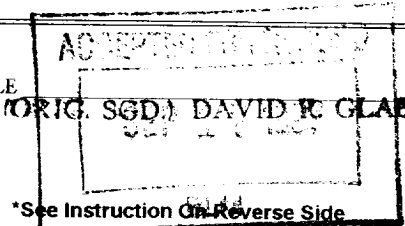
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS: (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)
- 02/13/97 Halliburton perforated San Andres Three Fingers/Upper Massive \bar{t} 3746', 47', 55', 56', 57', 86'-90', 93', 94', 95', 99', 3800' & 01' w/1 SPF (16 holes).
- 02/14/97 Halliburton acidized San Andres Three Fingers/Upper Massive w/2400 gals. 15% NE-FE acid & 32 ball sealers. Formation broke @ 3067#. Balled out w/ 16 bbls. in formation. MTP 4876# @ 6.7 bpm. ATP 3000# @ 5.2 bpm. ISIP 2036#. 5 min. 2026#. 10 min. 1917#. 15 min. 1835#.
- 02/17/97 Halliburton perforated San Andres Upper Jackson/Lower Massive \bar{t} 3578', 79', 97', 98', 3604', 09', 14', 93', 94', 95', 3702' & 03' w/1 SPF (12 holes). Set RTTS pkr. @ 3460'. Set RBP @ 3725'.
- 02/18/97 Halliburton acidized San Andres Upper Jackson/Lower Massive perfs. \bar{t} 3578'-3703' w/1800 gals. 15% NE-FE acid & 24 ball sealers. Formation broke @ 2146#. Balled out w/20 bbls. in formation. MTP 4880# @ 5.3 bpm. ATP 2400# @ 4.5 bpm. ISIP 1985#. 5 min. 1893#. 10 min. 1837#. 15 min. 1788#.
- 02/19/97 Halliburton perforated San Andres Upper Vacuum \bar{t} 3535', 38', 42', 45', 46' & 47' w/1 SPF (6 holes). Set RBP @ 3560'.
- 02/20/97 LD RTTS pkr & RBP. RIH w/CIBP on 2-7/8" tbg. & set @ 3720'. POH w/tbg. RIH w/RTTS pkr on 2-7/8" tbg. & set @ 3350'.
- 02/22/97 Halliburton squeezed San Andres Jackson/Vacuum perfs. \bar{t} 3535'-3703' w/250 sks. Class "C" containing 2% CaCl. 14.8 PPG. 1.32 Yield. 6.3 gals./sk. Injection rate 1400# @ 2.5 bpm. Displaced w/22 bbls. FW. Squeezed perfs. to 3550#. Reversed tbg. clean w/30 bbls. FW. Pressured tbg. to 3500#. Released pkr. & pulled 10 stands. Pressured to 3500#.

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

SIGNED Mary Jo Toney TITLE Completion Department DATE July 16, 1997

(This space for Federal or State office use)

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



*See Instruction On Reverse Side