

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N. M. Oil Cons. Div. *on*
SUBMIT IN TRIPPLICATE
(Other Instructions on
reverse side)

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

159

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 2630' FSL & 17' FEL Sec. 15-T17S-R31E Unit I		8. API WELL NO. 30-015-29313	
		9. WELL NO. 192	
		10. FIELD AND POOL, OR WILDCAT Grayburg Jackson 7-Rivers	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 15-T17S-R31E	
14. PERMIT NO	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3885'	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) 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.)

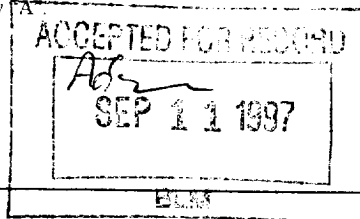
03/13/97 Halliburton frac'd Upper Grayburg perms. f/3330'-3445' w/12,000 gals. gelled water, 24,500 gals. 20# Delta Frac & 60,000# 16/30 Brown sand. MTP 3200# @ 34 bpm. ATP 2500# @ 32 bpm. ISIP 2113#. 5 min. 2038#. 10 min. 2019#. 15 min. 2010#.

03/21/97 Removed frac valve. Installed WH. NU BOP. RIH w/retrieving head & SN on 2-7/8" tbg. Tagged sand @ 3320'. Killed well.

03/24/97 Cleaned out sand f/3320'-3480'. Retrieved RBP. POH w/tbg. & RBP. RIH w/MA & SN on 2-7/8" tbg. Cleaned out sand f/3889'-3911'. Pulled to 3265'.

03/25/97 POH w/2-7/8" tbg. Installed TAC. RIH w/tbg. Tbg. @ 3848'. SN @ 3819'. TAC @ 3232'. Ran 2-1/2" x 1-1/2" x 16' RH pump.

03/27/97 Tied in electricity. Hung well on. Left well pumping to Sat. #2 Battery



RECEIVED
1997 SEP 11 A 10 10
BUREAU OF LAND MGMT
OSWELL OFFICE

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

SIGNED Mary Jo Tunney TITLE Completion Department DATE July 11, 1997

(This space for Federal or State office use)

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

*See Instruction On Reverse Side