Form 3160-5 (November 1983) (Formerly 9-331)

UNIT _ STATES DEPARTMENT OF THE INTERIOR

SUBMIT IN TRIPLICATE *

(Other Instructions on reverse side)

11 S. 1st

Budget Bureau No. 1004-0135 Expires August 31, 1985 015/

| BUREAU OF LAND MANAGEMENT | ise side) |
|---|--|
| POLICIA OF EVIAD MINIAVOEIMENT | 5. LEASE DESIGNATION AND SERIAL NO. |
| CUMPRY MOTIOES AND DEPORTS ON MEN | LC-029418-A |
| SUNDRY NOTICES AND REPORTS ON WELLS | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| (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. | 7. UNIT AGREEMENT NAME |
| | Skelly Unit |
| OIL GAS OTHER | Const. |
| 2. NAME OF OPERATOR | 8. API WELL NO. |
| The Wiser Oil Company | 30-015-29541 |
| 3. ADDRESS OF OPERATOR | |
| P.O. Box 2568 Hobbs, New Mexico 88241 | 14. NAR 215 |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.) | 10. FIELD AND POOL, OR WILDCAT |
| See also space 17 below.) | Grayburg Jackson 7-Rivers |
| At surface 203' FSL & 1210' FWL | 11. SEC., T., R., M., OR BLK. AND |
| Sec. 14-T17S-R31E | SURVEY OR AREA |
| Unit M | Sec. 14-T17S-R31E |
| | CELVED N |
| 14. PERMIT NO 15. ELEVATIONS (Show whether DF, RT, GR, etc.) | ARTESIA 12 COUNTY OR PARISH 13. STATE |
| | ್ರಿಕ್ Eddy NM |
| 16. Check Appropriate Box to indicate Nature of Notice, Re | eport, or Other Data |
| NOTICE OF INTENTION TO: | SUBSEQUENT REPORT OF: |
| | SOBSEQUENT REPORT OF. |
| TEST WATER SHUT OFF PULL OR ALTER CASING WATER SHI | JT-OFF REPAIRING WELL |
| \vdash | INDIAMINO WELL |
| FRACTURE TREAT MULTIPLE COMPLETE FRACTURE | TREATMENT ALTERING CASING |
| SHOOT OR ACIDIZE ABANDON* SHOOTING | OR ACIDIZING ABANDONMENT * |
| SHOOTING | OR ACIDIZING ABANDONMENT * |
| REPAIR WELL CHANGE PLANS (Other) F | erforate Acidize & Frac |
| | Report results of multiple completion on Well |
| (Other) Compl | etion or Recompletion Report and Log form |
| 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS: (Clearly state all pertinent details, and give | ve 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.) |
| 06/11/97 Halliburton perforated San Andres Vacuum f/3563' 64' & 65' w/1 SDE Deaks down marfam | stions & sectors of the sectors of t |
| 06/11/97 Halliburton perforated San Andres Vacuum f/3563', 64' & 65' w/1 SPF. Broke down perforations. & perforated remaining Vacuum & Grayburg f/3335'-38', 3402', 03', 04', 71'-77', 3524', 25', 50', 51', 61' & 62' w/1 SPF for a total of 23 holes. Acidized Vacuum & Grayburg perfs. w/3500 gals. 15% NE-FE acid | |
| w/46 ball sealers. ATP 2300#@ 5 bpm. MTP 3240#@ 7.3 bpm. Balled out @ 4300#. IS. | IP 1993#. 5 min. 1926#. 10 min. 1908#. 15 min. 1894#. |
| \cdot | |
| 06/16/97 RU Halliburton. Frac'd Vacuum & Grayburg 3335'-3565' w/12,000 gals. gelled water, 34,750 gals. 20# Delta frac & 85,300# 16/30 Brown sand. ATP 2877# @ 47 bpm. MTP 2903# @ 47 bpm. ISIP 2175#. 5 min. 2128#. 10 min. 2112#. 15 min. 2099#. | |
| | 7 Hills 2007h. |
| 07/02/97 MIRU well service unit. | |
| 07/03/97 ND frac valve. NU BOP's. RIH w/tbg. Tagged @ 3378'. Washed sand to 3722'. Circ. & P | OU DIU w/the TO @ 20072 ON @ 20031 TAO @ 22071 |
| ND BOP. NU WH. RIH w/2-1/2" x 1-3/4" x 16' RHAC pump. | On. Kill wing. 18 (# 3087). SN (# 3033). 1AC (# 3307). |
| 07/05/97 NU WH. Left well pumping to Battery "A" Sat. #1. | |
| 6 // 65/57 NO WII. Left well pumping to Battery "A" Sat. #1. | |
| 07/08/97 MIRU well service. POH w/rods & pump. Pump full of sand. | |
| 07/09/97 RIH w/tbg. to 3347'. SN @ 3315'. TAC @ 3244'. RIH w/2-1/2" x 2" x 16' RWBC pump. | Hung well on I aft well suppose to Detter, "A" |
| 18. I hereby certify that the foregoing is true and correct. | Trong wen on. Left wen pumping to Battery A. |
| 2101/DD 7/1 0 / | , |
| SIGNED // au Oo / way TITLE Completion Department | DATE <u>September 2, 1997</u> |
| (This space for Federal or State office use) | |
| | ACCEPTED FOR RECORD |
| APPROVED BY TITLE | DATE |
| CONDITIONS OF APPROVAL, IF ANY: | Ln · · · · · |
| | №9 1 2 test |
| | |
| *See Instruction On Reverse Sig | 14 |