

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

CLSF

SUNDRY NOTICES AND REPORTS **Oil Wells Cons. Division**

(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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-98120	
2. NAME OF OPERATOR The Wiser Oil Company		6. INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 2568 Hobbs, New Mexico 88241		7. 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 1330' FSL & 20' FEL Unit I		8. API WELL NO. 30-015-31069	
		9. WELL NO. 403	
		10. FIELD AND POOL, OR WILDCAT Grayburg Jackson 7-Rivers QNN-GB-SA	
		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.) 3881'	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"/>

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 & 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.)

07/05/00 RU Computalog WL & perforated San Andres Vacuum f/3665'-70', 3713', 14', 15', 20', 21' & 22' w/2 SPF (24 holes). RIH w/pkr & 2-7/8" tbg. to 3730'. Hughes spotted 100 gals. 15% HCL NE-FE acid. Moved pkr. to 3647'. Acidized San Andres Vacuum 3665'-3722' w/1100 gals. 15% HCL NE-FE acid & 36 ball sealers. ATP 3500# @ 2.0 bpm. MTP 4000# @ 2.6 bpm. Flushed w/23 bbls. water. ISIP 0#.

07/06/00 Released RBP & moved to 3588'. POH w/tbg. Perforated Grayburg f/3418'-22', 53'-58', 3506'-13' & 3539'-42' w/1 SPF (23 holes). RIH w/pkr. to 3550'. Spotted 100 gals. acid. Pulled up to 3314' & set pkr. Broke down perfs. w/2900#. Acidized Grayburg perfs. 3418'-3542' w/2500 gals. 15% NE-FE acid & 40 ball sealers. ATP 2800# @ 3 bpm. MTP 3400# @ 3.5 bpm. Had good ball action. Did not ball out. ISIP 2100#. 5 min. 2000#. 10 min. 1950#. 15 min. 1950#. S.I. 1 hr. 1950#. Left well flowing to frac tank.

07/07/00 Released RBP. POH w/RBP & pkr. RIH w/2-7/8" tbg. to 3825'. SN @ 3824'. Ran 2-1/2" x 1-3/4" x 20' RHBC pump. Well pumping to Sat. # 6.

07/14/00 MIRU Tyler WS. Unseated pump. LD rods. NU BOP's. POH w/2-7/8" tbg. RIH w/RBP & set @ 3600'. LD tbg. ND BOP's. NU frac valve.

07/17/00 Halliburton frac'd Grayburg perfs. 3418'-3542' w/5000 gals. water frac + 18,000 gals. Delta frac + 13,000 gals. Delta frac w/22,500# 16/30 Brady sand + 8,500 gals. Delta frac w/61,000# 16/30 Brady sand. Flushed w/3400 gals. water frac gel. ATP 2386# @ 40.8 bpm. MTP 2666# @ 43.8 bpm. ISIP 2225#. 5 min. 2150#. 10 min. 2111#. 15 min. 2075#.

08/08/00 Ran 2-7/8" tbg. to 3829'. SN @ 3793'. Ran 2-1/2" x 1-3/4" x 16' RHBA pump. Well pumping to Sat. # 6 Battery "B".

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

SIGNED Mary Jo Turner TITLE Completion Department DATE October 2, 2000

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instruction On Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

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