

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

C/SF

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> 811 S. 1st Street Artesia, NM 88210-2830		5. LEASE DESIGNATION AND SERIAL NO. LC-029420-B
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 1270' FNL & 120' FEL Sec. 28-T17S-R31E Unit A		8. API WELL NO. 30-015-28881
14. PERMIT NO. <input type="checkbox"/>		9. WELL NO. 275
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3807'		10. FIELD AND POOL, OR WILDCAT Grayburg Jackson 7-Rivers
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 28-T17S-R31E
		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"/>

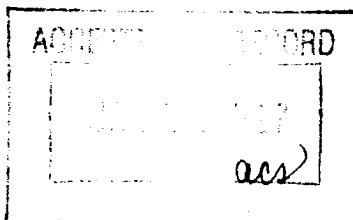
(Other) Frac

(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.)

10/31/96 Halliburton fracd. Grayburg f3547'-3670' w/8260 gals. gel water, 37,560 gals. Delta frac 20# + 75,000# 16/30 sand. MTP 3302# @ 62 bpm. ATP 2429# @ 44 bpm. Max. sand 6.2 PPG. ISIP 2304#. 5 min. 2155#. 10 min. 2092#. 15 min. 2051#.

11/15/96 Ran 2-7/8" tbg. to 3910'. TAC @ 3471'. SN @ 3874'. Ran 2-1/2" x 1-1/2" x 16' RHTC pump.



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

SIGNED Mary Jo Turley

TITLE Completion Department

DATE December 12, 1996

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instruction On Reverse Side