

**UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT**

SUBMIT TO BUREAU \*  
(Other Instructions on  
reverse side)

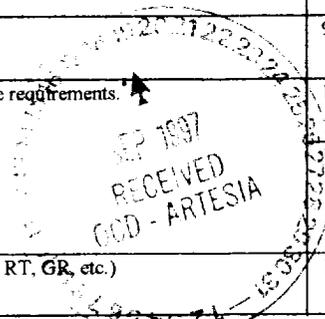
Budget Bureau No. 1004-0135  
Expires August 31, 1985

*CSF*

**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)

		5. LEASE DESIGNATION AND SERIAL NO. <b>LC-029419-B</b>	
		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		7. UNIT AGREEMENT NAME <b>Skelly Unit</b>	
2. NAME OF OPERATOR <b>The Wiser Oil Company</b>		8. API WELL NO. <b>30-015-28999</b>	
3. ADDRESS OF OPERATOR <b>P.O. Box 2568 Hobbs, New Mexico 88241</b>		9. WELL NO. <b>264</b>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface  20' FNL & 2619' FWL Sec. 27-T17S-R31E Unit C		10. FIELD AND POOL, OR WILDCAT <b>Grayburg Jackson 7-Rivers</b>	
		11. SEC., T., R., M., OR B.L.K. AND SURVEY OR AREA  Sec. 27-T17S-R31E	
14. PERMIT NO	15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>3815'</b>	12. COUNTY OR PARISH <b>Eddy</b>	13. STATE <b>NM</b>



16. Check Appropriate Box to indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Acidize &amp; Frac</u> <input checked="" type="checkbox"/>	

(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.)

11/11/96 Halliburton acidized Grayburg perms. & pumped 75 bbls. FW. Acidized Grayburg @ 3565'-3654' w/2900 gals. 15% NE-FE acid & 38 ball sealers. Formation broke @ 4191#. Good ball action. MTP 3558# @ 5.1 bpm. ATP 2600# @ 4.7 bpm. ISIP 2122#. 5 min. 2078#. 10 min. 2060#. 15 min. 2044#.

11/14/96 Halliburton frac'd Grayburg perms. 3565'-3654' w/10,000 gals. gelled water, 21,000 gals. 20# Delta Frac & 50,600# 16/30 Brown sand. MCP 2750# @ 30.5 bpm. ACP 2506# @ 30 bpm. Max. sand conc. 6.23 PPG. ISIP 2338#. 5 min. 2209#. 10 min. 2151#. 15 min. 2105#.

01/22/97 ND frac valve. NU BOP. RIH w/tbg. Tagged fill @ 3640'. Washed sand to 3672'. Set RBP @ 3668' & RTTS pkr. @ 3656'. Tested to 1000#. Did not hold. Pulled RTTS to 3607'. Tbg. & csg. flowing water. Pulled to 3580'. Still flowing. Pulled RTTS to 3549' & csg. had stopped flowing. Set pkr. every 2' @ 3570'-3555'. Top perf. @ 3567'. RTTS pkr. @ 3656'.

01/23/97 RIH w/RTTS pkr, SN & 2-7/8" tbg. to 3660'. Tested RBP & RTTS pkr. to 1000#. Held. POH w/tbg. & RTTS. RIH w/retrieving head, SN & 2-7/8" tbg. Retrieved RBP & POH. RIH w/4-3/4" Varel bit, 6 3-1/2" DC's & 2-7/8" tbg. to 3300'. SI casing. Left tbg. flowing to flowline.

01/24/97 Tagged CIBP @ 3672'. Drld. out CIBP. Pushed remaining plug to 3848'. RIH w/RTTS pkr., & 2-7/8" tbg. Set RTTS @ 3678'. Tested squeezed perms. below pkr. to 1500#. Held. Pulled pkr. to 3630' & tested to 1000#. POH w/tbg. & pkr. RIH w/cmt. retainer & tbg. to 3630'. Pulled retainer above perms. to 3331' w/107 jts. in hole.

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

SIGNED Mary Jo Twinn TITLE Completion Department DATE August 25, 1997

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD  
DAVID R. GLASS  
SEP 19 1997

\*See Instruction On Reverse Side\*