

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

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-029419-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 20' FNL & 2619' FWL Sec. 27-T17S-R31E Unit C		8. API WELL NO. 30-015-28999	
		9. WELL NO. 264	
		10. FIELD AND POOL, OR WILDCAT Grayburg Jackson 7-Rivers	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 27-T17S-R31E	
14. PERMIT NO	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3815'	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) 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.)

11/11/96 Halliburton acidized Grayburg perfs. & 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 perfs. 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.

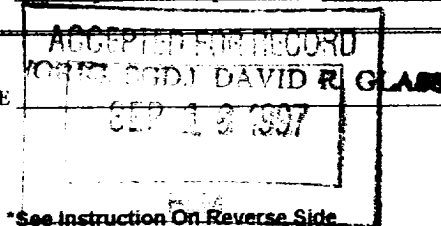
01/24/97 Tagged CIBP @ 3672'. Drld. out CIBP. Pushed remaining plug to 3848'. RIH w/RTTS pkr., & 2-7/8" tbg. Set RTTS @ 3678'. Tested squeezed perfs. below pkr. to 1500#. Held. Pulled pkr. to 3630' & tested to 1000#. POH w/tbg. & pkr. RIH w/cmt. retainer & tbg. to 3630'. Pulled retainer above perfs.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

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

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

(This space for Federal or State office use)

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



*See Instruction On Reverse Side