

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE *
(Other Instructions on
reverse side)

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

c15f

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 <input type="checkbox"/> GAS <input type="checkbox"/> OTHER		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 2598' FNL & 1279' FWL Sec. 28-T17S-R31E Unit E		8. API WELL NO. 30-015-29227	
		9. WELL NO. 283	
		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	
14. PERMIT NO	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3767' GR	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:		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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Frac</u>	
(Other)		(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.)

06/23/97 Halliburton frac'd Grayburg f/3431'-3586' w/8000 gals. gelled water, 20,000 gals. 20# Delta Frac & 50,000# 16/30 Brady Sand. ATP 2664# @ 38.5 bpm. MTP 2867# @ 39.6 bpm. ISIP 2056#. 5 min. 1833#. 10 min. 1795#. 15 min. 1781#.

06/26/97 ND frac valve. NU BOP. Ran 2-7/8" tbg. & retrieving head. Tagged sand @ 3331'. Washed to 3620'. Circ. POH w/RBP. RIH w/2-7/8" tbg.

06/27/97 Tagged @ 3960'. Ran 2-7/8" tbg. Set TAC w/14,000# tension. Tbg. @ 3877'. SN @ 3847'. TAC @ 3306'. Ran 2-1/2" x 1-3/4" x 20' RHAC pump. Left well pumping to Sat. #4 Battery B.

RECEIVED
1997 SEP 22 A 10:32
BUREAU OF LAND MANAGEMENT
ROSWELL OFFICE

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

SIGNED Mary Jo Tunny TITLE Completion Department DATE August 21, 1997

(This space for Federal or State office use)

APPROVED BY _____ TITLE ACCOMPLISH DATE _____

CONDITIONS OF APPROVAL, IF ANY: _____

*See Instruction On Reverse Side