

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division

LEASE DESIGNATION AND SERIAL NO.
EC-029420-B

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.)

IF INDIAN, ALLOTTEE OR TRIBE NAME
42 44 '96

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME Skelly Unit	
2. NAME OF OPERATOR The Wiser Oil Company		8. API WELL NO. 30-015-29239	
3. ADDRESS OF OPERATOR P. O. Box 2568 Hobbs, New Mexico 88241		9. WELL NO. 273	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1387' FNL & 2529' FEL. Sec. 28-T17S-R31E Unit G		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.) 3782'	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) <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 type="checkbox"/>
(Other) Spudding, Cementing Surface & Production Casing <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.)

MIRU Norton Drilling Co., Rig #7. Spudded 12-1/4" surface hole @ 11:00 a.m., 11/16/96. Drilled hole to 450'. Lost circ. @ 90'. Mixed & pumped LCM pill, return circ. Ran 10 jts. 8-5/8", 20#, ISW-42 ST& C csg. Set at 448'. Halliburton cemented with 325 sx. Class "C" containing 1/4#/sk. Flocele + 2% CaCl. Plug down @ 10:30 p.m., 11/16/96. Circulated 97 sx. cmt. BLM was notified, no representative present. NU BOP & tested csg. to 1000# for 30 minutes, no pressure loss. WOC 12 hrs.

Drilled 7-7/8" production hole to a depth of 3950'. Ran casing as follows: Ran 94 jts. 5-1/2" 17#, J-55, LT&C csg. Set at 3950'. Halliburton cemented w/1000 gals. Superflush 102 + 900 sx. Halliburton Lite + 8# salt/sk. + 1/4# Flocele/sk. followed by 250 sxs. Premium Plus w/3#KCL/sk. + .5% Halad 344 + 1/4# Flocele/sk. Displaced w/l bbl. FW + 12 bbls. MSA + 78 bbls. FW w/Lo-Surf 300. Plug down at 12:00 a.m. 11/23/96. Circ. 140 sx. cmt. Pressure tested casing to 1500# for 30 minutes, no pressure loss. Released rig at 2:00 p.m. 11/23/96. BLM was notified, no representative present.

18. Thereby certify that the foregoing is true and correct.

SIGNED Mary Jo Turner TITLE Drilling Department DATE November 26, 1996

(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.

