

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

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 2586' FSL & 2535' FEL Sec. 28-T17S-R31E Unit J		8. API WELL NO. 30-015-29314	
		9. WELL NO. 284-Y	
		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.) 3763'	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"/>

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) Perforate 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.)

02/26/97 Halliburton perforated San Andres Upper Jackson/Lower Vacuum intervals at 3783', 89'-94', 3869'-74' & 85'-89' w/1 SPF (18 holes). Set pkr. @ 3673'.

02/27/97 Halliburton acidized San Andres Upper Jackson/Lower Vacuum perms. f/3783'-3889' w/2700 gals. 15% NE-FE acid & 36 ball sealers. Formation broke @ 2227#. Good ball action. MTP 3797# @ 5.6 bpm. ATP 2718# @ 4.5 bpm. ISIP 2146#. 5 min. 1972#. 10 min. 1925#. 15 min. 1862#.

02/28/97 Halliburton set CIBP @ 3760' & perforated San Andres Upper Vacuum intervals at 3710', 12', 14', 19'-26', 30'-36' & 40'-44' w/1 SPF (23holes). Set RTTS pkr @ 3600'. Acidized San Andres Upper Vacuum f/3710'-3744' w/3300 gals. 15% NE-FE acid & 44 ball sealers. Formation broke @ 4369#. Good ball action. MTP 3177# @ 4.8 bpm. ATP 2650# @ 4.2 bpm. ISIP 2217#. 5 min. 2095#. 10 min. 2075#. 15 min. 2000#.

03/04/97 Halliburton perforated Lower Grayburg interval at 3581', 85', 87'-88', 90', 3603'-05', 24'-26', 30'-31', & 76'-78' w/1 SPF (16 holes). Set RBP @ 3685' & RTTS pkr. @ 3470'. Acidized Lower Grayburg 3581'-3678' w/2400 gals. 15% NE-FE acid & 32 ball sealers. Formation broke @ 1354#. Balled out w/29 bbls. in formation. MTP 4806# @ 5.3 bpm. ATP 2450# @ 4 bpm. ISIP 2195#. 5 min. 2047#. 10 min. 1923#. 15 min. 1841#. LD tbg. & pkr.

03/06/97 Halliburton frac'd Grayburg perms. 3581'-3678' w/8,000 gals. gelled water, 20,000 gals. 20# Delta Frac & 50,000# 16/30 Brown sand. MTP 2974# @ 36.3 bpm. ATP 2746# @ 34 bpm. ISIP 2300#. 5 min. 2126#. 10 min. 2039#. 15 min. 1976#.

04/08/97 ND frac valve. NU BOP's. RIH w/tbg. Tagged sand @ 3642'. Pulled 8 strds to 3508'.

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

SIGNED Mary Jo Toney TITLE Completion Department DATE July 18, 1997

(This space for Federal or State office use)

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

*See Instruction On Reverse Side

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100 OCT -6 A 10:03

STATE OF LAND MOUNTAIN
ROSWELL OFFICE