

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE -
(Other Instructions on
reverse side)

Oil Cons. Bureau No. 1004-0135
N.M. Div. 2
August 31, 1985

1301 W. Grand Avenue
Artesia NM 88210
SERIAL NO. NY 98132

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. 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. WELL NAME AND NO. 284-Y	
3. ADDRESS OF OPERATOR P.O. Box 2568 Hobbs, New Mexico 88241		9. API WELL NO. 30-015-29314	
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 Unit J		10. FIELD AND POOL, OR WILDCAT Grayburg Jackson Seven 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 County	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) <u>Frac Grayburg</u> (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.)

12/10/97 MIRU Cobra Well Service. POH w/rods & pump. NU BOP. LD 2-7/8" tbg. HES set 5-1/2" Howco RBP @ 3550'. ND BOP & WH. Install frac valve. RD unit. HES frac'd Upper Grayburg f/3472'-3536' w/500 gals. 15% NE-FE acid flushed w/82 bbls. fresh water, 9500 gals. gelled water, 15,500 gals. 20# Delta frac & 36,000# 16/30 brown sand. ATP 2830# @ 25 bpm. MTP 3100# @ 26.5 bpm. ISIP 247#. 5 min. 2226#. 10 min. 2118#. 15 min. 1960#.

12/29/97 MIRU Lucky Well Service. Removed frac valve. NU BOP & enviro-vat.

12/30/97 RIH w/Howco retr. head on 2-7/8" tbg. Cleaned out sand f/3530'-3550'. POH w/RBP. RIH w/2-7/8" tbg. Set TAC @ 3370' w/10,000# tension. ND BOP. Installed WH.

12/31/97 RIH w/rods. Left well pumping to battery. RDMO.

ACCEPTED FOR RECORD

ALEXIS C. SWOBODA
PETROLEUM ENGINEER

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

SIGNED Mary Jo Turvey TITLE Production Tech II DATE August 18, 2001

(This space for Federal or State office use)

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

*See Instruction On Reverse Side