

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE \*  
(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. NM 98120	
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 Lea "D"	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 10' FNL & 1267' FEL Sec. 26-T17S-R31E Unit A		8. API WELL NO. 30-015-29701	
14. PERMIT NO		9. WELL NO. 20	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3854'		10. FIELD AND POOL, OR WILDCAT Grayburg Jackson 7-Rivers	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 26-T17S-R31E	
		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 type="checkbox"/>

(Other) Perforate & Acidize

(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.)

10/30/97 Installed WH. NU BOP. RIH w/2-7/8" tbg. to 3723'. POH w/tbg. HES perforated San Andres Three Fingers f/3910', 13'-43' & 47'-51' w/1 SPF (37 holes). RIH w/5-1/2" Baker pkr. on 2-7/8" tbg. to 3815'. Set pkr. @ 3815'.

10/31/97 HES acidized San Andres Three Fingers perfs. 3910'-3951' w/5500 gals. 15% NE-FE acid + 74 ball sealers. Formation broke @ 2586#. ATP 2400# @ 4 bpm. MTP 2936# @ 4.5 bpm. Good ball action. ISIP 2380#. 5 min. 2270#. 10 min. 2213#. 15 min. 2178#. POH w/tbg. & pkr.

11/03/97 HES perforated San Andres Upper Jackson f/3825', 27'-46', 60'-66' & 85'-88' w/1 SPF (32 holes). RIH w/5-1/2" Baker RBP pkr. on 2-7/8" tbg. Set RBP @ 3897'. HES spotted acid. Set pkr. @ 3723'. HES acidized San Andres Upper Jackson perfs. 3825'-3888' w/4800 gals. 15% NE-FE acid & 64 ball sealers. Formation broke @ 3200#. ATP 3200# @ 3.6 bpm. MTP 3650# @ 5.8 bpm. Balled out w/4595#. ISIP 2430#. 5 min. 2160#. 10 min. 2069#. 15 min. 2010#.

11/04/97 Reset RBP @ 3650'. POH w/tbg. & pkr. HES perforated Grayburg f/3406', 07', 59', 60', 3504'-08', 25', 51'-55', 3616' & 17' w/1 SPF (17 holes). RIH w/5-1/2" Baker pkr. on 2-7/8" tbg. Tested RBP to 2500#. HES spotted acid. Set pkr. @ 3295'. HES acidized Grayburg perfs. 3406'-3617' w/2000 gals. 15% NE-FE acid + 34 ball sealers. Formation broke @ 2866#. ATP 2450# @ 4 bpm. MTP 3030# @ 4.8 bpm. Balled out w/4900#. ISIP 1970#. 5 min. 1894#. 10 min. 1860#. 15 min. 1835#.

11/05/97 Retrieved RBP & POH. Removed ball catcher. RIH w/5-1/2" Baker RBP pkr. on 2-7/8" tbg. Set RBP @ 3650'. Tested RBP to 2500#. Held ok. LD tbg. ND BOP. Installed frac valve.

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

SIGNED Mary Jo Turner TITLE Completion Department DATE January 27, 1998

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instruction On Reverse Side