

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil & Gas Division
SUBMIT IN TRIPLICATE *3*
(Other Instructions on reverse side)
Budget Bureau No. 1004-0135
Expires August 31, 1985
8210-2834

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-029418-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 Lea "D"	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1330' FNL & 1330' FWL Sec. 26-T17S-R31E Unit F		8. API WELL NO. 30-015-29703	
		9. WELL NO. 23	
		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	
14. PERMIT NO	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3839'	12. COUNTY OR PARISH Eddy	13. STATE NM

RECEIVED
APR 08 1998
OCCURRED
ACCEPTED FOR RECORD

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) 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.)

01/08/98 POH w/RBP. RIH w/2-7/8" tbg. ND BOP. Set TAC w/10,000# tension. RIH w/rods & 2-1/2" x 1-3/4" x 16' pump. Left well pumping to battery. Tbg. @ 3958'. SN @ 3927'. TAC @ 3619'.

02/02/98 POH & LD rods. NU BOP. RIH w/R-4 pkr. & set @ 3856'. RU swab.

02/03/98 POH w/pkr. RIH w/RBP & set @ 3845'. LD tbg.

02/04/98 ND BOP & WH. NU frac valve.

02/05/98 RU HES & frac'd San Andres Vacuum 3726'-3826' w/2980 gals. gelled water, 17,853 gals. #20 Delta Frac + 40,100# 16/30 Brady sand. ATP 2680# @ 30 bpm. MTP 3090# @ end of flush. ISIP 2668#. 5 min. 2112#. 10 min. 1840#. 15 min. 1615#.

02/06/98 ND frac valve. NU BOP. RIH w/2-7/8" tbg. Tagged sand @ 3810'. Load hole w/84 bbls. water. Washed sand off of RBP. Latched on to plug & POH. RIH w/2-7/8" tbg.

02/09/98 RIH w/tbg. Tagged up @ 3996' w/10' fill. LD 5 jts. RIH w/rods & 2-1/2" x 1-1/2" x 16' RHTC pump. Left well pumping to frac tank. Tbg. @ 3817'. SN @ 3796'. TAC @ 3470'.

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

SIGNED Mary Jo Turner TITLE Completion Department DATE March 14, 1998

(This space for Federal or State office use)

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

*See Instruction On Reverse Side