

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

458

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.)

N.M. Oil Cons. Division

1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		311 S. 1st Street Artesia, NM 88210-2834		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 1303' FNL & 1306' FEL Sec. 26-T17S-R31E Unit A				8. API WELL NO. 30-015-29704
				9. WELL NO. 10
				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.) 3761'	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) Frac & Perforate

(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.)

08/14/97 HES frac'd San Andres Vacuum & Grayburg perms. f/3467'-3758' w/12,000 gals. gelled water, 33,000 gals. 20# Delta frac & 75,000# 16/30 brown sand. ATP 2400# @ 60 bpm. MTP 2700# @ 62 bpm. ISIP 2069#. 5 min. 1953#. 10 min. 1897#. 15 min. 1873#.

08/20/97 RIH w/retrieving head, 1 jt. 2-7/8" EUE tbg. SN & 2-7/8" tbg. Tagged @ 3745'. Washed sand to 3790'. Pulled to 3400'.

08/21/97 RIH to 3569'. Tagged sand w/221' fill. Washed sand to 3805'. Retrieved RBP & POH. RIH w/mud jt, SN & 112 jts. tbg. RU swab.

08/22/97 RIH to 4020'. Tagged sand. Pulled to 3400'. ND BOP's. NU WH. RIH w/2-1/2" x 1-3/4" x 16' RHAC pump. Tied in flowline. Left well pumping to battery.

09/08/97 POH w/rods & pump. ND WH. NU BOP. RIH to 3830' w/no fill. POH w/tbg. RIH w/5-1/2" Baker AD-1 pkr. on 2-7/8" tbg. Set pkr. @ 3680'.

09/09/97 RIH w/rods & pump. Left well pumping to battery.

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

SIGNED Mary Jo Turner TITLE Completion Department DATE December 15, 1997

(This space for Federal or State office use)

APPROVED BY _____ TITLE DAVID E. GLASS DATE _____
CONDITIONS OF APPROVAL, IF ANY:

