

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. E. sion  
SUBMIT IN TRIPLICATE  
(Other Instructions on  
reverse side)  
210-2834

Budget Bureau No. 1004-0135  
Expires August 31, 1985

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 2595' FNL & 1339' FEL Sec. 26-T17S-R31E Unit G		8. API WELL NO. 30-015-29705	
		9. WELL NO. 11	
		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 checked="" type="checkbox"/>

(Other) Frac

(Note: Report results of multiple completion on Well  
Completion or Recompletion Report and Log form.)

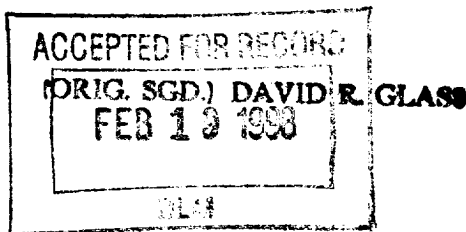
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS: (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

11/19/97 LD tbg. & pkr. ND BOP. Installed frac valve. HES frac'd Grayburg perms. 3563'-3785' w/8,000 gals. gelled water, 20,000 gals. 20#Delta Frac & 50,000# 16/30 sand. ATP 3690# @ 34 bpm. MTP 4807# @ 40.5 bpm. ISIP 2470#. 5 min. 1748#. 10 min. 1700# 15 min. 1684#.

11/20/97 RIH w/retrieving tool & 2-7/8" tbg. Tagged sand @ 3695'. Washed to 3800'. Pulled to 3500'.

12/02/97 Tagged @ 3800' w/no fill. Washed to RBP & POH. RIH w/tbg. Set TAC w/12,000# tension @ 3516'. RIH w/2-1/2" x 1-3/4" x 16' RHBC pump.

12/03/97 NU WH. Left well pumping to Battery.



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

SIGNED Mary Jo Turner TITLE Completion Department DATE January 7, 1998

(This space for Federal or State office use)

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

\*See Instruction On Reverse Side