

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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U.S.G.S.	
LAND OFFICE	
OPERATOR	

WELL COMPLETION OR RECOMPLETION REPORT AND LOG
API # 30-047-20031

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.
015788E 015789

1a. TYPE OF WELL
OIL WELL GAS WELL DRY OTHER _____
b. TYPE OF COMPLETION
NEW WELL WORK OVER DEEPEN PLUG BACK DIFF. RESVR. OTHER _____

7. Unit Agreement Name
Midas Minerals Corp.

8. Farm or Lease Name
Solano

2. Name of Operator
Midas Minerals Corp.

9. Well No.
Midas #4

3. Address of Operator
1305 Stage Coach Lane SE, Albuquerque N.M. 87123

10. Field and Pool, or Wildcat
Wildcat

4. Location of Well
UNIT LETTER N LOCATED 533 FEET FROM THE South LINE AND 2570 FEET FROM



THE West LINE OF SEC. 3 TWP. 13 N RGE. 15E NMPM

12. County
SAN MIGUEL

15. Date Spudded 8-3-85 16. Date T.D. Reached 4-28-85 17. Date Compl. (Ready to Prod.)

18. Elevations (DF, RKB, RT, GR, etc.) 6490' GR 19. Elev. Casinghead 6490' GR

20. Total Depth 1275' 21. Plug Back T.D. 1135' PERMANENT BRIDGE PLUG

22. If Multiple Compl., How Many 23. Intervals Drilled By Rotary Tools Cable Tools
Rotary

24. Producing interval(s), of this completion - Top, Bottom, Name
None

25. Was Directional Survey Made
No

26. Type Electric and Other Logs Run
Cement Bond Log, Vol Gamma Ray, Gamma Ray - Neutron

27. Was Well Cored
No

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
6 5/8"	18.16#	1157	8 3/4"	Fill up 1275 to 1157' Circulated 5 bbl 1157' to SURFACE	None

LINER RECORD				TUBING RECORD			
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET	PACKER SET
NONE							

31. Perforation Record (Interval, size and number)
1115 - 1120 2 Shots per Foot
1128 - 1130 2 Shots per Foot
Dresser Atlas Reg shot's

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED
1115-1120	900 GAL 10% HCL
1128-1130	

33. PRODUCTION
Date First Production _____ Production Method (Flowing, gas lift, pumping - Size and type pump) _____ Well Status (Prod. or Shut-in) _____

Date of Test	Hours Tested	Choke Size	Prod'n. For Test Period	Oil - Bbl.	Gas - MCF	Water - Bbl.	Gas - Oil Ratio
NONE							

34. Disposition of Gas (Sold, used for fuel, vented, etc.) _____ Test Witnessed By _____

35. List of Attachments _____

36. I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief.
SIGNED Andrew E. Long TITLE Pres. DATE 10-21-85