

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIP  
(Other instruction  
verse side)TE\*  
re-Form approved.  
Budget Bureau No. 42-R1424

5. LEASE DESIGNATION AND SERIAL NO.

NM 9798

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Wildernhel

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Wildcat

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

24 - 20S - 21E

12. COUNTY OR PARISH 13. STATE

Eddy

NM

## SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different interval.  
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	OCT 2 1979
2. NAME OF OPERATOR	Max Wilson, Inc. ✓
3. ADDRESS OF OPERATOR	O. C. C. ARTESIA, OFFICE
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface	P.O. Drawer 1978 - Roswell, NM 1,720' FSL & 920' FWL - Sec. 24, T.20S, R.21E
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4,315 GR

## 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 COMPLETION <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

## 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) <input type="checkbox"/>	

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

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including 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.)\*

Ran 2,032' 8 5/8" 54.5# casing  
Cemented with 200 sx class C 1/4 floccel, 2% calcium chloride  
425 sx HOWCO lite weight cement, 5% gilsomite  
Circulated 845'  
First Series with 1" pipe - 25 sx  
Second Series 25 sx  
Third Series 50 sx  
Fourth Series 25 sx  
Fifth Series 25 sx  
Sixth Series 25 sx  
Seventh Series 50 sx  
Eighth Series 75 sx  
Ninth Series 100 sx  
Tenth Series 25 sx  
Eleventh Series 50 sx  
Twelfth Series 50 sx  
Thirteenth Series 70 sx  
Fourteenth Series 20 sx circulated to surface  
Total cement used to cement 8 5/8 to surface - 1,250 sx  
This report corrects subsequent report filed 9/11/79.

OCT 1 1979

U.S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICONipped up and installed  
blowout preventersTested casing - 3000# PSI for  
two hours - WOC 24 hours and  
drilled out cement after 24  
hours

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

SIGNED Max Wilson TITLE Operator DATE 9-28-79

(This space for Federal or State office use)

ACTING DISTRICT ENGINEER

APPROVED BY Max Wilson TITLE Operator DATE 9-28-79

CONDITIONS OF APPROVAL, IF ANY: