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UNITED STATES

SUBMIT IN DUPLICATE

Form approved.
Budget Bureau No. 42-R355.6.

DEPARTMENT OF THE INTERIOR

(See other instructions on reverse side)

GEOLOGICAL SURVEY

MAR 7 1980

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: ARTESIA, OIL ☐ GAS ☒ DRY ☐ Other _____		5. LEASE DESIGNATION AND SERIAL NO. NM 9805	
b. TYPE OF COMPLETION: NEW WELL ☐ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other <u>P & A</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR Max Wilson, Inc. ✓		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR P.O. Drawer 1978 - Roswell, NM		8. FARM OR LEASE NAME Lynn Wildernhel Federal	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1,980' FSL & 660' FWL-Sec. 18 At top prod. interval reported below At total depth SAME		9. WELL NO. 1	
14. PERMIT NO.		DATE ISSUED	
15. DATE SPUDDED 7/5/79		16. DATE T.D. REACHED 11/26/79	
17. DATE COMPL. (Ready to prod.) R F 1-30-80		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 4,331 GR	
20. TOTAL DEPTH, MD & TVD 100'		21. PLUG, BACK T.D., MD & TVD	
22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION--TOP, BOTTOM, NAME (MD AND TVD)* NONE		25. WAS DIRECTIONAL SURVEY MADE NO	
26. TYPE ELECTRIC AND OTHER LOGS RUN NONE		27. WAS WELL CORED NO	
28. CASING RECORD (Report all strings set in well)			
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE
NONE			
29. LINER RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*
NONE			
30. TUBING RECORD			
SIZE	DEPTH SET (MD)	PACKER SET (MD)	
NONE			
31. PERFORATION RECORD (Interval, size and number)			
NONE			
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED	
NONE		NONE	
33. PRODUCTION			
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flooding, gas lift, pumping--size and type of pump)	
DATE OF TEST		HOURS TESTED	
CHOKE SIZE		PROD'N. FOR TEST PERIOD	
OIL--BBL.		GAS--MCF.	
WATER--BBL.		GAS-OIL RATIO	
FLOW. TUBING PRESS.		CASING PRESSURE	
CALCULATED 24-HOUR RATE		OIL--BBL.	
GAS--MCF.		WATER--BBL.	
OIL GRAVITY-API (CORR.)			
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)			
TEST WITNESSED BY			
35. LIST OF ATTACHMENTS			
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records			
SIGNED <u>Max Wilson</u>		TITLE <u>Operator</u>	
		DATE <u>3/5/80</u>	

*(See Instructions and Spaces for Additional Data on Reverse Side)