

(Rev. 1-1983)

RECEIVED BY

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN 1 LICATION*
to other instructions on re-
verse side.Form approved.
Budget Bureau No. 42-R1424.

JUL 2 1985

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. ARTESIA, OFFICE

WELL ☒ WELLS ☐ OTHER ☐

2. NAME OF OPERATOR

MAX WILSON, INC.

3. ADDRESS OF OPERATOR

P. O. Drawer 1978 - Roswell, NM 88201

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

660' FNL and 660' FEL

14. PERMIT NO.

15. ELEVATION (Indicate whether FT, M, OR CM)

2,995' OR

5. LEASE DESIGNATION AND SERIAL NO.

NM 55949

6. IF UNDER LEASE, COMPLETION NAME

C DD

Artesia, NM 88210

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Exxon Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Wildcat - *Shimoda*11. SEC., T., R., M., OR ELK. AND
SURVEY OR AREA

Sec. 8, T.25S, R.29E

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 ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐(Other) ☐PUMP OR ALTER Casing ☐MULTIPLE COMPLETION ☐ABANDON* ☐CHANGE DESIGN ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) ☐ Setting Surface PipeREPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☐(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Indicate in sufficient detail, 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 perti-
nent to this work.) *Set 10 3/4", 40.5# casing at 450'
Circulated back to top with 120 gal

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

SIGNED BY

MAX WILSON, INC.

TITLE

President

DATE

6/17/85

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

JUL 1 1985

*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO