

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Form approved.
Budget Bureau No. 42-R1424.

SUNDRY NOTICES AND REPORTS ON WELLS

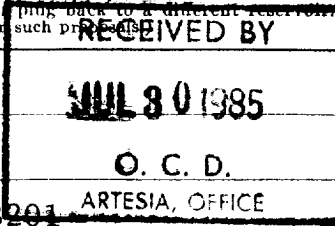
(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL ☒ GAS WELL ☐ 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



5. LEASE DESIGNATION AND SERIAL NO.
NM 55929

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Exxon Federal

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
Wildcat - Delaware

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 8, T25S, R. 29E

12. COUNTY OR PARISH
Eddy

13. STATE
NM

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
2,933 GR

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

PULL OR ALTER CASING ☐

FRACTURE TREAT ☐

MULTIPLE COMPLETE ☐

SHOOT OR ACIDIZE ☐

ABANDON* ☐

REPAIR WELL ☐

CHANGE PLANS ☒

(Other) Remove Cable Tool, Move on Rotary

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

REPAIRING WELL ☐

FRACTURE TREATMENT ☐

ALTERING CASING ☐

SHOOTING OR ACIDIZING ☐

ABANDONMENT* ☐

(Other) ☐

(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.) *

Go to TD. Drill 6 1/4" hole to top of Delaware (approximately 2,950')

MAX WILSON, Inc. hereby certifies that the foregoing is true and correct

BY SIGNED *Max Wilson* TITLE President DATE 7-25-85

(This space for Federal or State office use)

APPROVED BY *[Signature]* TITLE *[Signature]* DATE 7-29-85

CONDITIONS OF APPROVAL, IF ANY: