

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

RECEIVED BY
(For other instructions on reverse side)
SEP 11 1985
ARTESIA, OFFICE

Form approved.
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

1a. TYPE OF WELL: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input type="checkbox"/> Other <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. 89NM 55929	
b. TYPE OF COMPLETION: NEW WELL <input type="checkbox"/> WORK OVER <input type="checkbox"/> DEEP-EN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESV. <input type="checkbox"/> Other <input type="checkbox"/> P & A		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR MAX WILSON, INC.		8. FARM OR LEASE NAME Exxon Federal	
3. ADDRESS OF OPERATOR P. O. Drawer 1978 - Roswell, NM 88201		9. WELL NO. 1	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 660' FNL and 660' FEL At top prod. interval reported below At total depth		10. FIELD AND POOL, OR WILDCAT Wildcat - <i>Artesia</i>	
14. PERMIT NO.		DATE ISSUED	
15. DATE SPUDDED 5/15/85		16. DATE T.D. REACHED 8/23/85	
17. DATE COMPL. (Ready to prod.)		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 2,933' GR	
19. ELEV. CASINGHEAD "		20. TOTAL DEPTH, MD & TVD 4,500'	
21. PLUG, BACK T.D., MD & TVD 4,500		22. IF MULTIPLE COMPL., HOW MANY* N/A	
23. INTERVALS DRILLED BY →		ROTARY TOOLS 1,525'-TD	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* N/A		CABLE TOOLS 0-1.525'	
25. WAS DIRECTIONAL SURVEY MADE NO		26. TYPE ELECTRIC AND OTHER LOGS RUN Densilog - Neutron - Gamma Ray - Dual Laterolog - Micro Laterolog - Prolog Field Analysis	
27. WAS WELL CORED NO		28. CASING RECORD (Report all strings set in well)	
CASING SIZE 10 3/4"		WEIGHT, LB./FT. 40.5#	
DEPTH SET (MD) 450'		HOLE SIZE 14 3/8"	
CEMENTING RECORD Cir. 120 sx		AMOUNT PULLED None	
29. LINER RECORD		30. TUBING RECORD	
SIZE TOP (MD) BOTTOM (MD) SACKS CEMENT* SCREEN (MD)		SIZE DEPTH SET (MD) PACKER SET (MD)	
N/A		N/A	
31. PERFORATION RECORD (Interval, size and number) N/A		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. DEPTH INTERVAL (MD) AMOUNT AND KIND OF MATERIAL USED N/A	
33.* PRODUCTION		ACCEPTANCE FOR RECORD	
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, 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.		OIL GRAVITY-API (CORR.)	
FLOW. TUBING PRESS.		CASING PRESSURE	
CALCULATED 24-HOUR RATE		OIL—BBL.	
GAS—MCF.		WATER—BBL.	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) N/A		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 <i>Max M. Wilson</i> TITLE President DATE 9/4/85	

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

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

Items 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

37. SUMMARY OF POROUS ZONES:

SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DAILY-ITEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	33. GEOLOGIC MARKERS		
				NAME	MEAS. DEPTH	TRUE VERT. DEPTH
Salt	480'	2,680'				
Dela. lm.	2,887'					
Dela. sd.	2,920'					