

(November 1983)
11-1983-9-331

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Expires August 31, 1985
LEASE DESIGNATION AND SERIAL

45F

NM 26871

IF INDIAN, ALLOTTEE OR TRIBE NAME

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 ☒ GAS ☐ OTHER ☐
WELL ☒ 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
550' FSL and 2,080' FEL

14. PERMIT NO. 3001525497 15. ELEVATIONS (Show whether OF, RL, OR, etc.)
3,353' GR

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Wilson Federal

9. WELL NO.

1

10. FIELD AND POOL OR WILDCAT

Wildcat

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

Sec. 5, T.25S, R.26E

12. COUNTY OR PARISH 13. STATE

Eddy

NM

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

NOTICE OF INTENTION TO

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRAC TURE TREAT

MULTIPLE COMPLET

FRAC TURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANS

OTHER Running Casing

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

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Check, 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.)*

1/3/86

Set 295' of 8 5/8" casing @305'. Cemented w/ 275 sx Class C cmnt., 2% cal. chloride.
Let set 18 hrs before resuming drilling.

1/11/86

Reached TD of 3615

1/11/86

P & A

JAN 24 1986

RECEIVED BY

JAN 31 1986

O. C. D.

ARTESIA, OFFICE

18. I hereby MAX WILSON, INC. true and correct

SIGNED

BY

TITLE

President

DATE

1/23/86

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side