

UNITED STATES DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE\*

Instructions on  
reverse side)Form approved.  
Budget Bureau No. 42-R355.5.

45F

## 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 _____				5. LEASE DESIGNATION AND SERIAL NO.  NM 26871	
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. RESVR. <input type="checkbox"/> Other <u>P &amp; 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 88201				8. FARM OR LEASE NAME  Wilson Federal	
4. LOCATION OF WELL (Report location clearly and in accordance with State laws) At surface 550' FSL and 2,080' FEL At top prod. interval reported below " At total depth "				9. WELL NO.  1	
14. PERMIT NO.  O. C. D. DATE ISSUED ARTS				10. FIELD AND POOL, OR WILDCAT  Wildcat	
15. DATE SPUDDED 11/30/86				11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA  Sec. 5, T. 25S, R. 26E	
16. DATE T.D. REACHED 1/11/86				12. COUNTY OR PARISH  Eddy	
17. DATE COMPL. (Ready to prod.)				13. STATE  NM	
18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*  3,353' GR				19. ELEV. CASINGHEAD  3,353' GR	
20. TOTAL DEPTH, MD & TVD  3,608'		21. PLUG, BACK T.D., MD & TVD  N/A		22. IF MULTIPLE COMPL., HOW MANY*  N/A	
23. INTERVALS DRILLED BY  0-3,608'				24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*  N/A	
25. WAS DIRECTIONAL SURVEY MADE  NO				26. TYPE ELECTRIC AND OTHER LOGS RUN  Denislog, Neutron Gamma Ray, Dual Laterlog, MicroLaterlog, MLI W/ Gamma Ray	
27. WAS WELL CORED  NO				28. CASING RECORD (Report all strings set in well)  Ray	
CASING SIZE  8 5/8"		WEIGHT, LB./FT.  24#		DEPTH SET (MD)  305'	
HOLE SIZE  12 1/4"		CEMENTING RECORD  275 sx Class C circ.		AMOUNT PULLED  None	
29. LINER RECORD					
SIZE  N/A		TOP (MD)		BOTTOM (MD)	
SACKS CEMENT*		SCREEN (MD)		TUBING RECORD	
SIZE  N/A		DEPTH SET (MD)		PACKER SET (MD)	
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  Post ID-2 2-14-86 1/4 A  N/A					
33.* PRODUCTION					
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)  N/A			WELL STATUS (Producing or shut-in)
DATE OF TEST		HOURS TESTED		CHOKE SIZE	
PROD'N. FOR TEST PERIOD		OIL—BBL.		GAS—MCF	
WATER—BBL.		GAS-OIL RATIO		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.)  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 BY: MAX WILSON, INC. TITLE President DATE 1/20/86					

\*(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 POROSITY ZONES: SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF: CORREL INTERVALS; AND ALL DEPTH-STEM TESTS DEPTH INTERVAL TESTED, CEMENTION (USE), TIME TOOL OPEN, FLOWING AND SHUT IN PRESSURES, AND RECOVERIES				38. GEOLOGIC MARKERS	
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	<div>TOP</div> <div>MEAS. DEPTH</div> <div>TRUE VERT. DEPTH</div>
Salt	890'	1,470'			
De. lm.	1,685'				
De. snd.	1,750'				