

District I
1625 N. French Dr., Hobbs, NM 88240
Phone:(575) 393-6161 Fax:(575) 393-0720
District II
811 S. First St., Artesia, NM 88210
Phone:(575) 748-1283 Fax:(575) 748-9720
District III
1000 Rio Brazos Rd., Aztec, NM 87410
Phone:(505) 334-6178 Fax:(505) 334-6170
District IV
1220 S. St Francis Dr., Santa Fe, NM 87505
Phone:(505) 476-3470 Fax:(505) 476-3462

State of New Mexico
Energy, Minerals and Natural
Resources
Oil Conservation Division
1220 S. St Francis Dr.
Santa Fe, NM 87505

Form C-103
August 1, 2011
Permit 153277

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVIOR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		WELL API NUMBER 30-015-40169
1. Type of Well: O		5. Indicate Type of Lease F
2. Name of Operator HUDSON OIL COMPANY OF TEXAS		6. State Oil & Gas Lease No.
3. Address of Operator 616 TEXAS ST , FORT WORTH , TX 76102		7. Lease Name or Unit Agreement Name PUCKETT NORTH
4. Well Location Unit Letter <u>P</u> : <u>660</u> feet from the <u>S</u> line and <u>660</u> feet from the <u>E</u> line Section <u>12</u> Township <u>17S</u> Range <u>31E</u> NMPM <u>Eddy</u> County		8. Well Number 015
11. Elevation (Show whether DR, KB, BT, GR, etc.) 3972 GR		9. OGRID Number 25111
10. Pool name or Wildcat		
Pit or Below-grade Tank Application ☐ or Closure ☐ Pit Type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____ Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____		

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ TEMPORARILY ABANDON ☐ CHANGE OF PLANS ☐ PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐ Other: _____	SUBSEQUENT REPORT OF: REMEDIAL WORK ☐ ALTER CASING ☐ COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDON ☐ CASING/CEMENT JOB ☐ Other: Spud ☒

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work.) SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

4/14/2012 Spudded well.

4/17/12 Surface casing to 750' test to 2000# for 10 minutes test OK

4/21/12 Production casing to 4344' test to 3500# for 10 minutes test OK

5/8/12 RIH w/ 125 JTS 2 3/8" TBG to PBD set tbg @ 4192'

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Electronically Signed TITLE Manager DATE 8/9/2012

Type or print name Suzanne Box E-mail address sbhudoil@swbell.net Telephone No. 817-336-7109

For State Use Only:

APPROVED BY: Randy Dade TITLE District Supervisor DATE 8/14/2012