	OCD – RE			sv. 2.
Office	State of New Mexico			Form C-103 Revised July 18, 2013
<u>District I</u> – (575) 393-6161 Energy, M	Energy, Minerals and Natural Resources WELL APIN			
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283				
811 S. First St., Artesia, NM 88210 OIL COI	NM 88210 OIL CONSERVATION DIVISION		30-015-05402 5. Indicate Type of Lea	ase
1000 Dio Prozon Dd. Agton NM 97410	Artes NM 97410		STATE	FEE
District IV – (505) 476-3460 Santa Pe, INIVI 8/505		6. State Oil & Gas Lea	se No.	
1220 S. St. Francis Dr., Santa Fe, NM 87505		5. g \$	NMLC029415B	
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or Unit	Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH			Puckett B	
PROPOSALS.)  1. Type of Well: Oil Well X Gas Well  Other			8. Well Number 12	
1. Type of Well: Oil Well X Gas Well C  2. Name of Operator	ner	- h	9. OGRID Number	
Hudson Oil Company of Texas		<b>)</b>	025111	
3. Address of Operator			10. Pool name or Wildcat	
616 Texas Street, Fort Worth, Texas 761	02 .		Maljamar Graybı	urg-San Andres
4. Well Location				
Unit Letter J: 1980 feet f	rom the South	line and <u>19</u>		
		ige 31E	NMPM Eddy Cou	inty
11. Elevation (	Show whether DR,	RKB, $RT$ , $GR$ , etc.)		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
12. Check Appropriate Box to indicate Nature of Notice, Report of Other Data				
, , , , , , , , , , , , , , , , , , ,			SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK  PLUG AND ABANDON  REMEDIAL WOR				ERING CASING
<u>=</u>	☐ CHANGE PLANS ☐ COMMENCE DRILLING OPNS.☐ P AND A ☐ MULTIPLE COMPL ☐ CASING/CEMENT JOB ☐			
PULL OR ALTER CASING  MULTIPLE CO  DOWNHOLE COMMINGLE		CASING/CEIVIEN	100	
CLOSED-LOOP SYSTEM			,	
OTHER: Mechanical Integrity Test		OTHER:		
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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of				
proposed completion or recompletion.				
proposed comprehensive recomplished				
Please find attached a pressure chart for the annual Mechanical Integrity Test for the referenced well.				
Accepted for record test not witnessed				
NMOCD DS 10-20-2020				
-				
Spud Date:	Rig Release Dat	e:		
	. 8			
I hereby certify that the information above is true and	complete to the be	st of my knowledge	e and belief.	
SIGNATURE SIGNATURE	TITLE Presid	ent	DATE	10/19/2020
SIGNATURE				
Type or print name E. Randall Hudson III	E-mail address:	frankg@hudso		: 575-365-8165
For State Use Only		Frank Galind	o, Field Superintende	ent
APPROVED BY:	TITLE		DATE	
Conditions of Approval (if any):	111111		Ditti_	

