

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

RECEIVED

MAY 23 1979

Form C-103
Revised 10-1-76

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SANTA FE	
FILE	1
U.S.G.S.	1
LAND OFFICE	
OPERATOR	1

5a. Indicate Type of Lease State ☐ Federal ☒
5. State Oil & Gas Lease No. LC-029415-A
7. Unit Agreement Name
8. Farm or Lease Name Puckett "A"
9. Well No. 13
10. Field and Pool, or Vicinity Maljamar
12. County Eddy

SUNDRY NOTICES AND REPORTS ON WELLS

DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG OR TO ABANDON A DIFFERENT RESERVOIR.
USE APPLICATION FOR PERMIT TO DRILL OR TO DEEPEN OR PLUG OR TO ABANDON A DIFFERENT RESERVOIR.

ARTESIA, OFFICE

1. ☒ OIL WELL ☐ GAS WELL ☐ OTHER
2. Name of Operator WILLIAM A. & EDWARD R. HUDSON
3. Address of Operator Box #198, Artesia, New Mexico 88210
4. Location of Well UNIT LETTER <u>D</u> <u>660</u> FEET FROM THE <u>north</u> LINE AND <u>660</u> FEET FROM THE <u>west</u> LINE, SECTION <u>24</u> TOWNSHIP <u>17S</u> RANGE <u>31E</u> NMPLA.

11. Elevation (Show whether DF, RT, CR, etc.)

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	COMMENCE DRILLING OPER. ☐
PULL OR ALTER CASING ☐	CASING TEST AND CEMENT JOBS ☐
OTHER ☐	OTHER <u>Bradenhead to surface</u> ☒
PLUG AND ABANDON ☐	ALTERING CASING ☐
CHANGE PLANS ☐	PLUG AND ABANDONMENT ☐

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE PULL 1103.

Conventional bradenhead piped to surface with 2" valves.

Witnessed by: U.S.G.S. on May 3, 1979

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNED <u>Ralph L. Gray</u>	TITLE <u>Consulting Engineer</u>	DATE <u>May 17, 1979</u>
APPROVED BY <u>B.W. Weaver</u>	TITLE <u>OIL AND GAS INSPECTOR</u>	DATE <u>JUN 11 1979</u>
CONDITIONS OF APPROVAL, IF ANY:		