

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on reverse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-029415-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Puckett "A"

9. WELL NO.

5

10. FIELD AND POOL, OR WILDCAT

Maljamar

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

Sec. 24-17S-31E

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

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 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 (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface 1980' from North and East lines of Sec. 24-17S-31E.

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐(Other) ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON* ☐CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☒SHOOTING OR ACIDIZING ☒(Other) ☐REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☐

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

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly 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.)*

On July 10, 1972, ran 2-7/8" O.D. tubing with Lynes straddle packers set at 3790' and 3725'. Treated 9th zone below packers with 150 gallons acid, 500 gallons water containing 2 gals. Protex, 10# WG-6 w/15# Adamite Agua, 2000 gallons HAL-4033 gel w/50# WAC-9 + 2 gals. Morflo, 2350 gallons MOD-202 acid containing 23 gallons Protex. Broke at 2700 psi. at 7 BPM. Treated at 2500 psi. at 8 BPM. Shut-in overnite. On July 11, had shut-in pressure of 1300 psi. Reset packers at 3720' and 3655' to straddle 7th zone. Treated with same chemicals as previous day. Broke at 3000 psi. at 8 BPM. Treated at 2600 psi. to 3100 psi. at 8 BPM. Shut-in overnite. July 12 SIP was 1200 psi. Reset packers at 3560' and 3495' to straddle 6th zone sands. Treated between packers with 250 gallons acid, 2000 gallons 10# gel pad (WG-6) with 25 gallons Protex, 2000 gallons HAL-4033 gel without sand, 8000 gallons HAL-4033 gel with 10,000# sand. Overflushed with 24 bbls. water containing 5 gallons Protex. Broke at 3200 psi. Treated at 2200 to 2500 psi. at 8 BPM.

Before workover well pumped 10 BO + 22 BWPD. After workover, well pumped 26 BO + 58 BWPD (on Aug. 2, 1972).

18. I hereby certify that the foregoing is true and correct

SIGNED

Ray L Gray

TITLE

Consulting Engineer.

DATE

Aug. 28, 1972

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APPROVED

AUG 28 1972

R. L. BECKMAN

ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side

Instructions

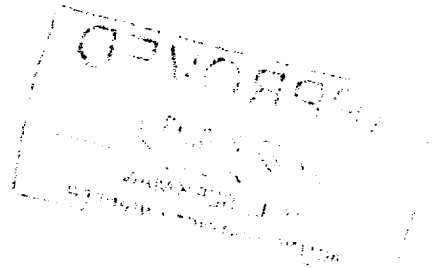
General: This form is designed for submitting proposals to perform certain well operations, and reports of such operations when completed, as indicated, on Federal and Indian lands pursuant to applicable Federal law and regulations, and, if approved or accepted by any State, on all lands in such State, pursuant to applicable State law 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.

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 17: Proposals to abandon a well and subsequent reports of abandonment should include such special information as is required by local Federal and/or State offices. In addition, such proposals and reports should include reasons for the abandonment; data on any former or present productive zones, or other zones with present significant fluid contents not sealed off by cement or otherwise; depths (top and bottom) and method of placement of cement plugs; mud or other material placed below, between and above plugs; amount, size, method of parting of any casing, liner or tubing pulled and the depth to top of any left in the hole; method of closing top of well; and date well site conditioned for final inspection looking to approval of the abandonment.

U.S. GOVERNMENT PRINTING OFFICE: 1963-O-685229

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U. S. DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-029415-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Puckett "A"

9. WELL NO.

5

10. FIELD AND POOL, OR WILDCAT

Maljamar

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

Sec. 24-17S-31E

12. COUNTY OR PARISH 13. STATE

Eddy

New Mexico

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 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 (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)

At surface

1980' from North and East lines of Sec. 24-17S-31E.

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

☐
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☒
☐

PULL OR ALTER CASING

☐
☐
☐
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐
☐
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☐

REPAIRING WELL

☐
☐
☐
☐

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

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

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly 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.)*

This well is pumping 10 BO + 22 BWP. It is proposed to run 2 1/2" tubing with a Lynes packer and selectively treat the 9th and 7th zones with 2,000 gallons HAL-4033 gel + 2500 gallons MOD-202 acid containing Protex in each stage. The 6th zone (Grayburg) will be fraced with 10,000 gallons gel with 10,000# sand.

RECEIVED

JUN 29 1972

D. C. C.
ARTESIA, OFFICE

RECEIVED

JUN 27 1972

U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

18. I hereby certify that the foregoing is true and correct

SIGNED

Ralph L. Gray

TITLE

Consulting Engineer.

DATE

June 27, 1972

(This space for Federal or State office use)

TITLE

DATE

APPROVED BY: CONDITIONS OF APPROVAL, IF ANY:

APPROVED
JUN 28 1972
R. L. BECKMAN
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side

Instructions

General: This form is designed for submitting proposals to perform certain well operations, and reports of such operations when completed, as indicated, on Federal and Indian lands pursuant to applicable Federal law and regulations, and, if approved or accepted by any State, on all lands in such State, pursuant to applicable State law 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.

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UNITED STATES
DEPARTMENT OF THE INTERIOR
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(Other instructions on re-
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8. FARM OR LEASE NAME

Puckett "A"

9. WELL NO.

5

10. FIELD AND POOL, OR WILDCAT

Maljamar

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

Sec. 24-17S-31E

12. COUNTY OR PARISH 13. STATE

Eddy

New Mexico

1. OIL ☒ WELL GAS ☐ WELL OTHER

2. NAME OF OPERATOR

WILLIAM A. & EDWARD R. HUDSEN

3. ADDRESS OF OPERATOR

Box #198, Artesia, New Mexico 88210

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)

At surface

1980' from North and East lines of Sec. 24-17S-31E.

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3903 D.F.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐

(Other)

PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON* ☐CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☒

(Other)

REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☐(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly 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.)*

On July 24, 1967, this well was acidized below a Lynes Packer set at 3794' with 500 gallons of 28% super acid. Injection pressure was 600 psi. at 1.3 BPM injection rate. Prior to treatment well pumped 48 barrels of oil plus 28 barrels of water per day. After treatment well pumped 50 barrels of oil plus 68 barrels of water per day.

RECEIVED

OCT 19 1967

U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICORECEIVED
OCT 19 1967
U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

18. I hereby certify that the foregoing is true and correct

SIGNED

Raymond L. Gray

TITLE Consulting Engineer.

DATE Oct. 19, 1967

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE DISTRICT ENGINEER

DATE OCT 20 1967

Instructions

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UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN
(Other instru-
verse side)

ICATE*

Form approved.
Budget Bureau No. 42-R1424.

SUNDRY NOTICES AND REPORTS ON WELLS

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Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR WILLIAM A. & EDWARD R. HUDSON	8. FARM OR LEASE NAME Puckett "A"
3. ADDRESS OF OPERATOR P. O. Box #198, Artesia, New Mexico 88210	9. WELL NO. 5
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' from North and East lines of Sec. 24-17S-31E.	10. FIELD AND POOL, OR WILDCAT Maljamar
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 24-17S-31E
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 3903 M.F.	12. COUNTY OR PARISH 13. STATE Eddy New Mexico

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

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ALTERING CASING

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Oil and water production has been declining on this well. We propose to acidize the 9th zone below a Lynes packer set at 3794' with 500 gallons of 28% super acid with M-38 to stimulate production.

RECEIVED

JUL 24 1967

U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICORECEIVED
JUL 24 1967
U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

18. I hereby certify that the foregoing is true and correct

SIGNED

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

Consulting Engineer.

DATE

July 24, 1967

TITLE

DISTRICT ENGINEER

DATE

JUL 24 1967

*See Instructions on Reverse Side

Instructions

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