

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
OFFICE FOR NUMBER
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(Other instructions on re-
verse side)

BLM Roswell District
Modified Form No.
M060-3160-4

CISF

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> Water Injection		3a. Area Code & Phone No. 505-676-2268	
2. NAME OF OPERATOR William A. & Edward R. Hudson		8. FARM OR LEASE NAME Puckett "A"	
3. ADDRESS OF OPERATOR Box 9, Maljamar, New Mexico 88264		9. WELL NO. 21	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1295' from the north line, 2545' from east C. D. line, Sec. 24-T17S-31E		10. FIELD AND POOL, OR WILDCAT Maljamar	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, CR, etc.) 3903 DF	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 24-T17S-31E	
		12. COUNTY OR PARISH Eddy	
		13. STATE NM	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input checked="" type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) <input type="checkbox"/>		(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 injection well failed the NMOC Mechanical Integrity Test taken in July, 1989. Jan. 25, 1990 the casing was tested and a hole was located in the 5-1/2" casing 165' from the surface.

We propose to permanently plug and abandon this well as follows:

Set a "cast iron" bridge plug at 3370', fill the hole w/salt gel mud, spot 35' cement on top of plug, place 100' cement from 1810' to 1710', perf. 5-1/2" casing at 640', set packer at 600', try to break circulation to the surface, if fluid circulates, pump cement down 5-1/2" csg., circulate to the surface, fill 5-1/2" csg. w/cement to the surface. If fluid will not circulate, perf. 5-1/2" at 490', try to circulate, if fluid will not circulate, run tubing to 770', spot cement from 770' to 600', fill hole w/fresh water, perf. 5-1/2" csg. at 165', pump cement down casing, circulate cement to the surface, fill 5-1/2" casing w/cement to the surface, install dry hole marker w/well data.

Notify BLM at 887-6544 prior to commencing operations.

* A MINIMUM OF THE TOP 50 FEET OF ALL ANNULUS SHALL BE PLUGGED WITH CEMENT.

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

SIGNED Dwaine Hudson TITLE Prod. Supt. DATE 1/31/90

(This space for Federal or State office use)

APPROVED BY TITLE DATE 2-6-90

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side