

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING OFFICE FOR NUMBER OF COPIES REQUIRED (Other instructions on reverse side)
OIL CONS COMMISSION
Bureau of Land Management
District Office
Carlsbad, NM 88210
Form No. 3160-5

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 type="checkbox"/> OTHER <input checked="" type="checkbox"/> Water Injection	5. LEASE DESIGNATION AND SERIAL NO. LC-029415-B
2. NAME OF OPERATOR William A. & Edward R. Hudson	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 9, Maljamar, New Mexico 88264	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FSL and 1980' FWL of Sec. 25-17S-31E	8. FARM OR LEASE NAME Puckett B
14. PERMIT NO.	9. WELL NO. 20
15. ELEVATIONS (Show whether DF, RT, OR, etc.) 3843 DF	10. FIELD AND POOL, OR WILDCAT Maljamar
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 25-17S-31E
	12. COUNTY OR PARISH Eddy
	13. STATE NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETION	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input checked="" type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		

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.)

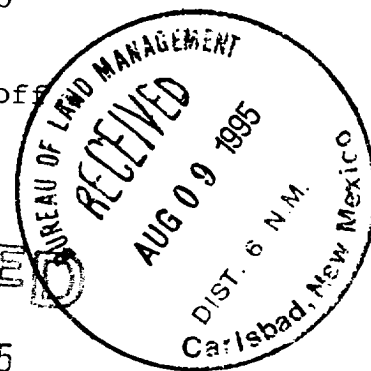
6/27/95 Well failed mechanical integrity test.
7/28/95 Located hole in 5 1/2" casing @ 405'
7/29/95 Pumped 100 sacks Halliburton Premium Plus Cement with 2% Calcium Chloride
7/30/95 W O C
7/31/95 Rig up Reverse Unit, drill cement from 330' to 570'
8/1/95 Ran packer to 3700' set and tested casing to 300#
Casing held pressure for 15 minutes with no leak off

ACCEPTED FOR RECORD

J. Lara
AUG 3 1995

RECEIVED

CARLSBAD, NEW MEXICO AUG 30 1995



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

SIGNED J. B. Smith
(This space for Federal or State office use)

TITLE Production Supt. DATE 8/7/95

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE
DATE