	l tye		
Submit 3 Copies to Appropriate District Office	BLM	\top	
	Land Office		
	B of M		
	Operator		

State of New Mexico Energy, Minerals and Natural Resources Department



Form C-103 Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

WELL API NO.	
30-015-10460-00-00	
5. Indicate Type of Lease	
STATEFEE [٦.
6. State Oil & Gas Lease No.	=_
	777

DISTRICT III	3. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	STATE FEE
,	6. State Oil & Gas Lease No.
CUMPRYMEN	
SUNDRY NOTICES AND REPORTS ON WELLS	
THE TOTAL PROPOSALS TO DRILL OF TO DEEDEN OF THE STATE	A (1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/
	7. Lease Name or Unit Agreement Name
(FORM C-101) FOR SUCH PROPOSALS.)	
OIL OAS WELL WELL	Ducks + MDU
CTIME OTTOM	Puckett "B"
2. Name of Operator V injection	
W.A. & E.R. Hudson Inc.	8. Well No.
3. Address of Operator	22
616 Texas Street, Fort Worth, Tex. 76102	9. Pool name or Wildcat
4- Well Location For t Worth, Tex. 76102	Maljamar GR. SA.
Imit Letter D 1205	
Unit Letter P: 1295 Feet From The South Line and	25 East
	Line
Section 24 Township 17 Range 3.1 D	\D 40. 4
Township 17 Range 31 E 10. Elevation (Show whether DF, RKB, RI, GR, etc.)	NMPM Eddy County
1//////////////////////////////////////	<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>
11. Check Appropriate D. 11.	
11. Check Appropriate Box to Indicate Nature of Notice,	Report or Other Data
NOTICE OF INTENTION TO:	
PERFORM PENEDUL WILLIAM TO THE PORT OF	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	
TEMPORARILY ABANDON	LI ACTEMING CASING
CHANGE PLANS COMMENCE DRILL	ING OPNS. PLUG AND ABANDON ATTAIT

PULL OR ALTER CASING CASING TEST AND CEMENT JOB OTHER: OTHER Repair tubing leak

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed

Repair tubing leak, ran new packer, set at 3490', test casing and packer to 300 # for 30 min., no leak off.

See attached chart.



Thereby certify that the information above is transand complete to the best of my knowledge and belief. SIGNATURE	
TYPEOR PRINT NAME _ T B Smith	DATE <u>4/8/99</u>
(This space for State Use)	TELEPHONE NO.

ATTROVED BY-CONDITIONS OF APPROVAL, IF ANY:



