

UNITED STATES
DEPARTMENT OF THE INTERIOR

DO NOT SUBMIT IN TRIPlicate
(Other instructions on reverse side)

Expires August 31, 1985

BUREAU OF LAND MANAGEMENT, Artesia, NM 88210

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR William A. & Edward R. Hudson		8. FARM OR LEASE NAME Puckett B	
3. ADDRESS OF OPERATOR Box 198, Artesia, N. M. 88210		9. WELL NO. 29	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1295' from south and 1345' from east lines of Sec. 25-17S-31E		10. FIELD AND POOL, OR WILDCAT Maljamar (G-SA)	
14. PERMIT NO.		12. COUNTY OR PARISH Eddy	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3874 KB		13. STATE N.M.	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 25-17S-31E			

16. 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 COMPLETE	<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"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

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

On October 1, 1985, perforations at 3808-52 and 3894-3919 were treated as follows: Set packer at 3748' and fraced below with 12,000 gallons WF-30 gel + 7,000 gallons 20% HCl + 3650# 20-40 sand + 5840# FLA-100 sand + 64 gallons L-47 and 500# L-35(scale inhibitors) + 55 gallons Technihib 317 corrosion inhibitor. Treated at 6 BPM with average pressure of 1780 psi. and maximum pressure of 2,080 psi. in first stage. Dropped 200# rock salt + 200# benzoic acid flakes. Pressure increased 800 psi. Second stage treated an average of 430 psi. higher than first stage. Final pressure was 2230 psi. with maximum of 2820 psi. ISIP was 1900 psi. On October 6, pumped 44 BO + 76 BW in 24 hours. By October 25, 1985, oil production was stable at 15 BO + 31 BWPD. Prior to work, well pumped 4 BO + 2 BWPD.

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

SIGNED Ralph L. May TITLE Consulting Engineer DATE Nov. 5, 1985

(This space for Federal or State office use)

ACCEPTED FOR RECORD

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

NOV 12 1985

*See Instructions on Reverse Side