

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

c/SP

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"/>	RECEIVED BY OCT 11 1984 O. C. D. ARTESIA OFFICE
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 1295' from south and 2615' from the west line of Sec. 25	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3874 KB

5. LEASE DESIGNATION AND SERIAL NO. Fed. LC-029415-B	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME Puckett "B"	
9. WELL NO. 32	
10. FIELD AND POOL, OR WILDCAT Maljamar(G-SA)	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 25-17S-31E	
12. COUNTY OR PARISH Eddy	13. STATE NM

16. 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 type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>cement casing</u>	<input checked="" 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.)*

On Aug. 23, 1984, cemented 8 5/8" OD 24# J-55 casing at 863' with 680 sx. class C cement + 2% CaCl. Cement circulated to surface. However, put one joint of 32# casing at surface and one joint on bottom.

On Aug. 29, 1984, cemented 5 1/2" OD 15.5# J-55 casing at 4007' with 650 sx. class C cement + 6# salt/sx. + .3% CFR2. Bottom 612' coated with Ruffcoat. Used 15 centralizers every other joint from bottom. Top of cement behind 5 1/2" casing is at 1810'.

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

SIGNED Ralph L. Gray

TITLE Consulting Engineer

DATE Sept. 14, 1984

(This space for Federal or State office use)

APPROVED BY BWQ
CONDITIONS OF APPROVAL OCT 3 1984

TITLE

DATE

Carlsbad, NEW MEXICO

*See Instructions on Reverse Side