

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING  
OFFICE FOR NUMBER  
OF COPIES REQUIRED  
(Other instructions on reverse side)

NM OIL CONS COMMISSION  
Drawer DD  
Artesian Well NM 58210  
Modified Form No.  
NM60-3160-4

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"/>		3a. Area Code & Phone No. 505-676-2266		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 2130' FSL, 1650' FWL of Sec. 25		DEC 30 1993		8. FARM OR LEASE NAME 8809 JV-P Puckett	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) GR 3866.6		9. WELL NO. 2	
				10. FIELD AND POOL, OR WILDCAT Malj. GR-SA	
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 25, T 17S, R 31 E	
				12. COUNTY OR PARISH Eddy	
				13. STATE N.M.	

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"/>
FRACURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACURE TREATMENT <input checked="" 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 PLANE <input type="checkbox"/>	(Other) <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.)

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

On November 15, 1993, treated perforations 3807' - 3845' with packer set at 3725' Acidized w/2000 gals. NEFE 15% acid, used 100% excess ball sealers to open all perforations, formation broke at 1500 p.s.i. Average rate was 4.6 BPM, average pressure was 1900 p.s.i.

On November 16, 1993, treated perforations 3807' - 3845' with packer set at 3725' w/1700 gals. Hyborgel and 22,500 lbs. of 20/40 sand. Average pumping rate 11 BPM, Average pressure 2577 p.s.i., ISIP 2250 p.s.i.

(ORIG. SGD.) DAVID R. GLASS

8 1993

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

SIGNED

*J.B. Smith*

TITLE Prod. Supt.

DATE 12/6/93

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side