

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVED
OFFICE FOR NUMB.
OF COPIES REQUIRED
(Other instructions on re-
verse side)

BLM Roswell District
Modified Form No.
NMO60-3160-4

c15F

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"/>		OCT 17 '90	
2. NAME OF OPERATOR William A. & Edward R. Hudson		3a. Area Code & Phone No. 505-686-2366	
3. ADDRESS OF OPERATOR P.O. Box 9, Maljamar, New Mexico 88264		ARTESIA, OFFICE	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' from the east and 1980' from the north lines of Sec. 10-18S-31E		5. LEASE DESIGNATION AND SERIAL NO. LC-029388-A	
14. PERMIT NO.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3740' DF		7. UNIT AGREEMENT NAME	
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		8. FARM OR LEASE NAME Shugart A	
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.)		9. WELL NO. 4	
		10. FIELD AND POOL, OR WILDCAT Shugart-Grayburg	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 10-18-31	
		12. COUNTY OR PARISH Eddy	
		13. STATE N.M.	

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SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☒
REPAIR WELL ☐
(Other) ☐

PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
ABANDON* ☐
CHANGE PLANS ☐

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☒
(Other) ☐

REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT* ☐

(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.)

Sept. 21, 1990, squeezed perforations from 3326' to 3348' w/200 sks. cement + 3# salt per sk. Final pressure 2000 psi.

Sept. 23-24, 1990, drilled cement from 3148' to 3348', tested perfs. w/1200 psi. f/30 min., drilled "cast iron" bridge plug at 3390', cleaned out well to 4023'.

Sept. 25, 1990, perforated 5-1/2" casing from 4004' to 4018' w/2 shots per ft., acidized perfs. w/1500 gals. NEFE Hyd. Chl. acid + 5 gals. Protex-All.

Oct. 3, 1990, well produced 2 BOPD + 2 BWPD. Additional stimulation is being considered.

RECEIVED
OCT 10 10 24 AM '90
OASD
AREA

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

SIGNED Quaine R. Rueda TITLE Prod. Supt. DATE 10/4/1990

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side