

Submit 1 Copy To Appropriate District
Office
District I – (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II – (575) 748-1283
811 S. First St., Artesia, NM 88210
District III – (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV – (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

NMOCD Rec'd: 9/23/2020 Form C-103
Revised July 18, 2013

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO.
30-015-05430

5. Indicate Type of Lease
STATE ☐ FEE ☐

6. State Oil & Gas Lease No.
NMLC029415B

7. Lease Name or Unit Agreement Name
Puckett B

8. Well Number 7

9. OGRID Number
025111

10. Pool name or Wildcat
Maljamar Grayburg-San Andres

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" (FORM C-101) FOR SUCH
PROPOSALS.)

1. Type of Well: Oil Well ☒ Gas Well ☐ Other

2. Name of Operator
Hudson Oil Company of Texas

3. Address of Operator
616 Texas Street, Fort Worth, Texas 76102

4. Well Location
Unit Letter B : 660 feet from the North line and 1980 feet from the East line
Section 25 Township 17S Range 31E NMPM Eddy County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐
CLOSED-LOOP SYSTEM ☐
OTHER: Mechanical Integrity Test ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐
OTHER: ☐

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

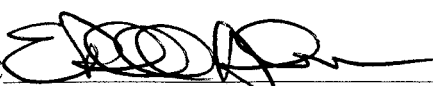
Please find attached a pressure chart for the annual Mechanical Integrity Test for the referenced well.

Accepted for record test not witnessed
NMOCD DS 10-20-2020

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE  TITLE President DATE _____

Type or print name E. Randall Hudson III E-mail address: frankg@hudsonoil.com PHONE: 575-365-8165
For State Use Only Frank Galindo, Field Superintendent

APPROVED BY: _____ TITLE _____ DATE _____

Conditions of Approval (if any):

PRINTED IN U.S.A.

6 PM

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NOON

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MIDNIGHT

Start 570

End 540



Hudson Oil
Packer TB #4

API# 30-015-05430

DATE 8-31-20
BR 2221

8/31/20

DOUBLE TRANS
HUDSON OCL

PUGHETT B# 7

