

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB No. 1004-0137
Expires: July 31, 2010

RECEIVED
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AMOC DARTESIA

SUNDRY NOTICES AND REPORTS ON WELLS
Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

5. Lease Serial No.
LC - 029415B

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other instructions on page 2.

1. Type of Well
 Oil Well Gas Well Other

7. If Unit of CA/Agreement, Name and/or No.

2. Name of Operator
Hudson Oil Company of Texas

8. Well Name and No.
Puckett B #15

3a. Address
616 Texas Street
Fort Worth, Texas 76102

3b. Phone No. (include area code)
817-336-7109

9. API Well No.
30-015-05405

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
1980' FNL & 660' FWL, Unit E, Sec. 25, Township 17 South, Range 31 East

10. Field and Pool or Exploratory Area
Maljamar/Grayburg/San Andres

11. Country or Parish, State
Eddy County, New Mexico

12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat.	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Change Plans	<input checked="" type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.)

- 4/05/13 MIWOR
- 4/08/13 RU NDWH NUBOP RELEASED PKR & POOH W/ 6 JTS 2 3/8 TBG PU BIT & SCRAPER RIH TO 3475' POOH & LD B & S RIH W/ CIBP SET @ 3427' SI SDFD
- 4/09/13 CIRC HOLE W/ 9# MUD TAGGED CIBP @ 3427' SPOTTED 25 SKS CLASS C CEMENT ON TOP OF CIBP POOH W/ TBG & PERF @ 2057' RIH W/ PKR & ATTEMPT TO ESTABLISH RATE UNABLE TO PMP INTO PERFS @ 650 PSI RELEASE PKR & SPOT 25 SKS PLG @ 2107' POOH SI SDFD
- 4/10/13 RIH & TTOC @ 1855' POOH W/ TBG & RIH W/ PG & PERF @ 1854' PU PKR & RIH TO ESTABLISH RATE UNABLE TO PMP INTO PERFS SPOT 25 SK PLG @ 1855' WOC RIH @ TTOC @ 1596' RIH W/ PG & PERF @ 1595' RIH W/ PKR ATTEMPT TO ESTABLISH RATE UNABLE TO PMP INTO PERFS SPOT 25 SK PLG @ 1596' POOH SI SDFD
- 4/11/13 RIH TTOC @ 1276' PERF @ 1000' PER BLM BROKE DOWN PERFS AND SQUEEZED 95 SKS CLASS C CMT WOC TTOC @ 667' PU PKR & ISOLATED HIC @ 16 - 20' RIH PMP CMT TO SURFACE UP ANNULUS OF 5 1/2" & 8 5/8" CSG CIRC CMT TO SURFACE BEHIND 8 5/8" NDBOP SI SDFD
- 4/12/13 RDWOR CUT OFF WH VERIFIED CMT TO SURFACE INSIDE & OUTSIDE PIPE INSTALLED GROUND LEVEL DHM CUT OFF ANCHORS MO EQUIPMENT

Accepted for record
AMOC D

Accepted as to plugging of the well here.
Liability under bond is retained until
Surface restoration is completed.

RECLAMATION
DUE 10-9-13

14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed)

Tony Tucker

Title Field Superintendent

Signature

[Signature]

Date 06/07/2013

ACCEPTED FOR RECORD

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Title

JUN 26 2013

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

BUREAU OF LAND MANAGEMENT
CARLSBAD FIELD OFFICE