

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division
P.O. Box 1980
Hobbs, NM 88241

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

5. Lease Designation and Serial No.

LC-065607

6. If Indian, Allottee or Tribe Name

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

Read & Stevens, Inc.

3. Address and Telephone No.

P. O. Box 1518, Roswell, New Mexico 88202-1518 505-622-3770

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Section 4 T20S-R34E
1650' FNL & 2310' FWL

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Hudson Federal #4

9. API Well No.

30-025-33181

10. Field and Pool, or Exploratory Area

NE Lea Delaware

11. County or Parish, State

Lea County, New Mexico

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

TYPE OF SUBMISSION

- ☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

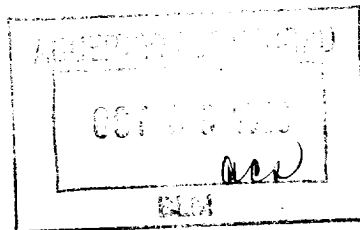
TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other Acidize perfs
☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

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

13. 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.)*

7/24/96 MIRUPU & POH w/rods & tbg. Acidize existing Brushy Canyon perfs w/750 gal 7 1/2% NEFe via tbg. Swab & recover load, POH w/pkr & RIH w/rods & tbg. Return well to production.



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

Signed Jean L. Jennings
(This space for Federal or State office use)

Title Production Analyst

Date October 4, 1996

Approved by _____
Conditions of approval, if any:

Title _____

Date _____