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U.S.G.S.		
LAND OFFICE		
OPERATOR		

5a. Indicate Type of Lease  
State  Fee

5. State Oil & Gas Lease No.

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-	7. Unit Agreement Name
2. Name of Operator <i>Amoco Production Company</i>	8. Farm or Lease Name <i>South Hobbs (GSA) Unit</i>
3. Address of Operator <i>P.O. Box 68, Hobbs NM 88240</i>	9. Well No. <i>2</i>
4. Location of Well UNIT LETTER <i>E</i> <i>1980</i> FEET FROM THE <i>North</i> LINE AND <i>660</i> FEET FROM THE <i>West</i> LINE, SECTION <i>34</i> TOWNSHIP <i>18-S</i> RANGE <i>38-E</i> NMPM.	10. Fluid and Pool, or Wildcat <i>Hobbs GSA</i>
15. Elevation (Show whether DF, RT, GR, etc.) <i>3641' DF</i>	12. County <i>Lea</i>

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK   
TEMPORARILY ABANDON   
PULL OR ALTER CASING   
OTHER

PLUG AND ABANDON   
CHANGE PLANS

SUBSEQUENT REPORT OF:

REMEDIAL WORK   
COMMENCE DRILLING OPNS.   
CASING TEST AND CEMENT JOB   
OTHER  *Pulled inflatable pkr and installed larger lift*

ALTERING CASING   
PLUG AND ABANDONMENT

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

*POH with tbg and ESP. Ran retrieving tool and tbg. Retrieved Lynes pkr. set at 4226'. RIH with ESP and tbg. Tail pipe landed at 4032'. Pump tested approx 13 days, last 24 hrs. pumped 1430, 2525 BW, and 5 MCF. Well is currently producing.*

*075 NMCD, H 1-JRB 1-FJN 1-GCC*

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

SIGNED *Gary C. Clark* TITLE *Asst. Admin. Analyst* DATE *11-28-84*

ORIGINAL SIGNED BY JERRY SEXTON

APPROVED BY *DISTRICT 1 SUPERVISOR*

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

NOV 30 1984

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

NOV 29 1984

G.C.D.  
HOEBS OFFICE