

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-7

Corrected Report

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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-	7. Unit Agreement Name
2. Name of Operator Amoco Production Company	8. Farm or Lease Name South Hobbs (GSA) Uni-
3. Address of Operator P. O. Box 68, Hobbs, New Mexico 88240	9. Well No. 20
4. Location of Well UNIT LETTER <u>D</u> <u>660</u> FEET FROM THE <u>North</u> LINE AND <u>660</u> FEET FROM THE <u>West</u> LINE, SECTION <u>3</u> TOWNSHIP <u>19-S</u> RANGE <u>38-E</u> NMPM.	10. Field and Pool, or Wildcat Hobbs GSA
11. Elevation (Show whether DF, RT, GR, etc.) 3621' KB	12. County Lea

10. 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 JOBS ☐
OTHER ☐
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.

Moved in service unit 8-4-82. Pulled rods, pump and tubing. Set a packer at 4017'. Acidized with 9000 gal 15% NE HCL with additives and 900# graded rock salt with 300# 100 mesh salt in 500 gal 30# gelled brine. Flushed with 28 BFW. Pulled packer. Ran seating nipple and 2-7/8" tubing. Landed seating nipple at 4214'. Ran rods and pump. Moved out service unit 8-7-82. Pump tested for 96 hrs. and pumped 297 B0, 2453 BW, and 591 MCF. Returned well to production,

0+4-NMOCD,H 1-HOU 1-SUSP 1-CLF

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

SIGNED Cathy L. Ferman TITLE Assist. Admin. Analyst DATE 8-30-82

APPROVED BY ORIGINAL SIGNED BY TITLE DATE SEP 1 1982

CONDITIONS OF APPROVAL, IF ANY: