

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION
P.O. Box 2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.
30-025-07611

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
A-1212-1

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.)

7. Lease Name or Unit Agreement Name
South Hobbs GSA Unit

1. Type of Well
OIL WELL ☐ GAS WELL ☐ OTHER ☐ Water Injector

2. Name of Operator
Amoco Production Company (Room 18.108)

8. Well No.
55

3. Address of operator
P.O. Box 3092, Houston, Texas 77253-3092

9. Pool name or Wildcat
Hobbs Grayburg San Andres

4. Well Location
Unit Letter O : 1980 Feet From The East Line and 660 Feet From The South Line
Section 4 Township 19S Range 38E NMPM Lea, NM County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3614' KB

11. 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 ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

12. 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.

- 1) MI RUSU
- 2) POH X INJ PKR
- 3) RIH X BIT X SCRAPER
- 4) SET PKR X 4140 PMP DWN CSG TO ESTB INJ RATE
- 5) CET BIBP X 4140
- 6) SET PKR X 4000
 - A) SQ CHANNEL/PERFS 4100-4125
 - B) SQ X LEAD OF CL C X 2% CACL X 2#/SX TUFF PLUG (200 SXS)
 - C) FOLLOW X 150 SXS CL C CMT X .5-.6% CONTROL FLUID LOSS (D-127 X .2% DEFOAMER)
 - D) VOLUMES X % ARE TO BE DECIDED AT DOWELL TST LOCATION AS NECESSARY. NOT TO BE PUMPED OVER 2 BPM
- MAX SQ PSI: 2000-2500 PSI
- 7) WOC
- 8) TST CSG
- 9) RIH X INJ EQPT X RETURN WELL TO PROD

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

SIGNATURE

Devina M. Prince

TITLE

Staff Assistant

DATE 02-21-94

TYPE OR PRINT NAME

Devina M. Prince

TELEPHONE NO. (713) 366-7686

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY

TITLE

DATE

FEB 25 1994

CONDITIONS OF APPROVAL, IF ANY: