OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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DISTRIBUTION		
SANTA FE		
FILE		
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 ☐   GAS WELL ☐   OTHER-

7. Unit Agreement Name

2. Name of Operator

Amoco Production Company

8. Farm or Lease Name

South Hobbs (GSA) Unit

3. Address of Operator

P. O. Box 68   Hobbs, NM 88240

9. Well No.

71

4. Location of Well

UNIT LETTER __E__ . __1650__ FEET FROM THE __North__ LINE AND __990__ FEET FROM

THE __West__ LINE. SECTION __9__ TOWNSHIP __19-S__ RANGE __38-E__ NMPM.

10. Field and Pool, or Wildcat

Hobbs GSA

15. Elevation (Show whether DF, RT, GR, etc.)

3606' RDB

12. County

Lea

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 ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

OTHER _____ ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
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.

Propose to increase injectivity by the following method:

Run a base Gramma Ray and temperature log. Pump 25 barrels of tagged brine water and flush with 20 bbls. untagged with 8000 gallons 15% NE HCL acid and 1600 lbs. graded rock salt in 30# gelled brine in 3 stages. Tag all acid with radioactive material. Flush 20 bbls. brine water. Return well to injection.

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

SIGNED _____   TITLE __Assist. Admin. Analyst__   DATE __8-11-80__

Orig. Signed by
Jerry Sexton
Dist. L. Supt.

APPROVED BY _____   TITLE _____   DATE _____

CONDITIONS OF APPROVAL, IF ANY:

0+4-NMOCD, H   1-Hou   1-Susp   1-MKE