

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-

5a. Indicate Type of Lease  
State ☒ Fee ☐

5. 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.)

|                                                                                                                                                                                                             |                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <i>Injection</i>                                                                                                              | 7. Unit Agreement Name                                 |
| 2. Name of Operator<br><i>Amoco Production Company</i>                                                                                                                                                      | 8. Farm or Lease Name<br><i>South Hobbs (GSA) Unit</i> |
| 3. Address of Operator<br><i>P.O. Box 68, Hobbs NM 88240</i>                                                                                                                                                | 9. Well No.<br><i>73</i>                               |
| 4. Location of well<br>UNIT LETTER <i>G</i> <i>1980</i> FEET FROM THE <i>North</i> LINE AND <i>1980</i> FEET FROM<br>THE <i>East</i> LINE, SECTION <i>9</i> TOWNSHIP <i>19-S</i> RANGE <i>38-E</i> N.M.P.M. | 10. Fluid and Pool, or Wildcat<br><i>Hobbs GSA</i>     |
| 15. Elevation (Show whether DF, RT, GR, etc.)<br><i>3602' DF</i>                                                                                                                                            | 12. County<br><i>Lea</i>                               |

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

|                                                |                                                          |                                                      |                                               |
|------------------------------------------------|----------------------------------------------------------|------------------------------------------------------|-----------------------------------------------|
| PERFORM REMEDIAL WORK <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/>                | REMEDIAL WORK <input type="checkbox"/>               | ALTERING CASING <input type="checkbox"/>      |
| TEMPORARILY ABANDON <input type="checkbox"/>   | CHANGE PLANS <input type="checkbox"/>                    | COMMENCE DRILLING OPNS. <input type="checkbox"/>     | PLUG AND ABANDONMENT <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/>  | OTHER <i>Acidize</i> <input checked="" type="checkbox"/> | CASING TEST AND CEMENT JOBS <input type="checkbox"/> | OTHER <input type="checkbox"/>                |

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 acidize to increase injectivity as follows:  
POH with injection equipment. RIH with tail pipe, treating pipe, and workstring. Set pipe at 4160'. Acidize with 5000 gals of 15% NE HCl w/ acid. Flush acid to perfs with fresh water. Release pipe and POH with workstring and pipe. RIH with injection pipe and 2 3/8" coated pipe. Set pipe at pipe 3798'. Return well to injection at a maximum rate and pressure of 1000 BWPD at 550 psi.

0+5 NMOC, 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 *Harry C. Clark* TITLE *Asst. Admin. Analyst* DATE *12-3-84*

Eddie V. [unclear]

APPROVED BY [unclear] TITLE [unclear] DATE *DEC - 5 1984*

CONDITIONS OF APPROVAL, IF ANY: