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FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
State For

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 TO DRILL (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL GAS WELL OTHER: Injection

2. Name of Operator
Amoco Production Company

3. Address of Operator
P. O. Box 68, Hobbs, NM 88240

4. Location of Well
UNIT LETTER A 660 FEET FROM THE North LINE AND 990 FEET FROM
East THE 10 LINE, SECTION 19-S TOWNSHIP 38-E RANGE 10 NORTH

7. Unit Agreement Name

8. Form or Lease Name
South Hobbs (GSA) Unit

9. Well No.
69

10. Field and Pool, or Wildcat
Hobbs GSA

11. Elevation (Show whether DF, RT, GR, etc.)
3614 RDB

12. County
Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input checked="" 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 <input 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 increase injection by acidizing all pay with approximately 3000 gallons of 15% HCL in 2 stages using graded rock salt as a diverting material. Upon completion, well will be returned to injection. A Cement Bond Log was run 11-3-75.

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

SIGNED [Signature] TITLE Asst. Admin. Analyst DATE 8-13-79

APPROVED BY [Signature] TITLE DATE AUG 14 1979

CONDITIONS OF APPROVAL, IF ANY:
0+4-NMOCD,H; 1-Susp; 1-Hou; 1-CC

