

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

Form C-103  
Revised 10-1-78

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.B.	
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 <input checked="" 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) Unit
3. Address of Operator P. O. Box 68, Hobbs, NM 88240	9. Well No. 151
4. Location of Well SL/BHL UNIT LETTER B/N, 710/22 FEET FROM THE North/South LINE AND 2410/2471 FEET FROM THE East/West LINE, SECTION 10/3 TOWNSHIP 19-S RANGE 38-E NMPM.	10. Field and Pool, or Wildcat Hobbs GSA
15. Elevation (Show whether DF, RT, GR, etc.) 3603.1' GL	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 type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER _____ <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER status update <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.

Pump tested for 4 days. Last 24 hours well pumped 78 BO, 343 BW, and 1 MCFD. Completed as oil well 11-29-83. Well is currently producing.

0+5-NMOCD,H 1-R.E.Ogden,Hou 1-F.J.Nash,Hou 1-CLF 1-Petro Lewis 1-Texaco 1-Sun  
1-Shell

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

SIGNED Cathy L. Forman TITLE Assist. Admin. Analyst DATE 12-13-83

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON TITLE \_\_\_\_\_ DATE DEC 13 1983  
DISTRICT 1 SUPERVISOR

CONDITIONS OF APPROVAL, IF ANY:

DEC 18 1983  
12:25 PM  
FBI