Submit 3 Copies to Appropriate District Office

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

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-103
Revised 1-1-89

WELL API NO. 30-025-07592

5. Indicate Type of Lease STATE ☐ FEE ☐

6. 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.)

7. Lease Name or Unit Agreement Name: SOUTH HOBBS (GSA) UNIT

1. Type of Well: OIL WELL ☐ GAS WELL ☐ OTHER WATER INJECTION

8. Well No. 49

2. Name of Operator: AMOCO PRODUCTION COMPANY

9. Pool name or Wildcat: HOBBS GRAYBURG SAN ANDRES

3. Address of Operator: P.O. BOX 3092 HOUSTON, TX 77253

4. Well Location
Unit Letter I : 1980 Feet From The SOUTH Line and 1293 Feet From The EAST Line
Section 3 Township 19-S Range 38-E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3615 DF

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	☐	PLUG AND ABANDON	☐	REMEDIAL WORK	☒	ALTERING CASING	☐
TEMPORARILY ABANDON	☐	CHANGE PLANS	☐	COMMENCE DRILLING OPNS.	☐	PLUG AND ABANDONMENT	☐
PULL OR ALTER CASING	☐			CASING TEST AND CEMENT JOB	☐		
OTHER:	☐			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.

MI RUSU 7-10-89 POH / WITH INJECTION TBG. TIH W/ 3 7/8" BIT AND 4 1/2 CSG SCRAPPER TAG 4300 AND TOH W/ BIT. PERFORATE 4190' - 4230' WITH 4 JSPF AND ACIDIZE PERFS W/ 2000 GALS 20% NE HCL AND FLUSH TO BOTTOM. RDSU 7-12-89. RETURN WELL TO INJECTION

BWO: 0 x 0

AWO: 2000 BPD, 800 PSI

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

SIGNATURE Blake T. Steele TITLE Admin. Analyst DATE 8-28-89

TYPE OR PRINT NAME BLAKE T. STEELE TELEPHONE NO. 713-584-7322

(This space for State Use)

Orig. Signed by
Paul Kautz
Geologist

SEP 5 1989

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: