

Submit 3 Copies  
to Appropriate  
District Office

Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION  
P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

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

WELL API NO.  
30-025-07598 ✓

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.)

1. Type of Well  
OIL WELL  GAS WELL  OTHER

7. Lease Name or Unit Agreement Name  
South Hobbs (GSA) Unit

2. Name of Operator  
Amoco Production Company

8. Well No.  
19

3. Address of operator  
P.O. Box 3092, Houston, Texas 77253-3092

9. Pool name or Wildcat  
Hobbs Grayburg San Andres

4. Well Location  
Unit Letter A : 660 Feet From The North Line and 660 Feet From The East Line  
Section 4 Township 19S Range 38E NMPM Lea, NM County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
3618'

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

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" 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"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input checked="" type="checkbox"/>	ACIDIZE

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.  
RUSU 11/10/92. POH X ESP EQPT X RIH X BIT X SCRAPER X TBG X TAG AT 4229' X POH X RIH X PACKER X ACIDIZE X 5000 GAL 20% NE HCL X 3 STAGES X 1500 GAL X 400# SALT X 1500 GAL X 600# SALT X 2000 GAL X FLUSH X POH X RIH X ESP EQPT X PUMP UP OK.  
RDSU 11/11/92 X RETURN TO PRODUCTION.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.  
SIGNATURE Devina M. Prince TITLE Staff Assistant DATE 02-17-93  
TYPE OR PRINT NAME Devina M. Prince TELEPHONE NO. (713) 596-7686

(This space for State Use)  
APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

FEB 25 1993