

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103  
Revised 10-1-77

|                        |  |
|------------------------|--|
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| OPERATOR               |  |

3a. Indicate Type of Lease  
State ☒ Fee ☐  
3. 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 SITES TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.                                          |                                                        |
| 1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER: <u>Water Injection</u>                                                                           | 7. Unit Agreement Name                                 |
| 2. Name of Operator<br><u>AMOCO PRODUCTION COMPANY</u>                                                                                                                                                  | 8. Form or Lease Name<br><u>South Hobbs (GSA) Unit</u> |
| 3. Address of Operator<br><u>P. O. BOX 3092; HOUSTON, TEXAS 77253</u>                                                                                                                                   | 9. Well No.<br><u>55</u>                               |
| 4. Location of Well<br>UNIT LETTER <u>0</u> <u>1980</u> FEET FROM THE <u>East</u> LINE AND <u>660</u> FEET FROM THE <u>South</u> LINE, SECTION <u>4</u> TOWNSHIP <u>19-S</u> RANGE <u>38-E</u> N.M.P.M. | 10. Field and Pool, or widest<br><u>Hobbs GSA</u>      |
| 11. Elevation (Show whether DF, RT, GR, etc.)<br><u>3614' KB</u>                                                                                                                                        | 12. County<br><u>Lea</u>                               |

13. 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"/><br>TEMPORARILY ABANDON <input type="checkbox"/><br>PULL OR ALTER CASING <input type="checkbox"/><br>OTHER <input type="checkbox"/> | REMEDIAL WORK <input checked="" type="checkbox"/><br>COMMENCE DRILLING OPER. <input type="checkbox"/><br>CASING TEST AND CEMENT JOB <input type="checkbox"/><br>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 1703.

MS and Rusu 9-1-88 and pull injection tubing and packer. Run bit and tag at 4240'. Run dump bailer and plug back to 4197' with 4 1/2 sacks of class C cement. Run PPIP set on 2 foot spacing and acidize from 4191-63, 4159-43 and 4125 to 4100 with 4500 gallons of 20% NE HCl. Run injection packer and tubing and displace hole with packer fluid. Set packer at 4074 and test to 480 psi for 45 minutes. RD and Mosu 9-12-88 and return well to injection.

IPWO: 2487 BWIPD at 500 psi.  
IAWO: 2540 BWIPD at 0 psi.

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

DATE 10-6-88 TITLE Sr. Admin. Analyst

ORIGINAL SIGNED BY JERRY CRAYTON DISTRICT 1 SUPERVISOR

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: