STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-73

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 ☐ GAS WELL ☐ OTHER- Injection
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.: 55
4. Location of Well: UNIT LETTER A, 660 FEET FROM THE South LINE AND 1980 FEET FROM THE East LINE, SECTION 4 TOWNSHIP 19-S RANGE 38-E NMPM.
10. Field and Pool, or Wildcat: Hobbs GSA
15. Elevation (Show whether DF, RT, GR, etc.): 3610' DF
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 ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐		COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	CHANGE PLANS ☐	CASING TEST AND CEMENT JOB ☐	
OTHER ☐		OTHER cmt squeeze and acidize ☒	

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.

MISU. 9-29-84. Plugged back to 4120' with sand and Calseal. Set pkr. at 4004' and established injection rate. Set cmt retainer at 4000'. Pumped 50 sx Class C cmt and 50 sx Class C with additives, and 40 sx Class C. Reversed out 59 sx and 71 sx in formation. Drilled out to 4116 and pressure tested to 500 PSI and OK. Cleaned out to 4255'. Ran pkr. and set at 4195'. Pumped 500 gals. 15% NE HCL. Acidized 4226'-4212', 4204'-4199', 4194'-4163' and 4159'-4143' with 50 gals. 15% NE HCL per ft. Set pkr. at 4074'. MOSU 10-5-84. Installed injection equipment and returned to injection 10-4-84.

0+5-NMOCD, H 1-JRB 1-FJN 1-BFC 1-P.L.

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

SIGNED Bonita Goble TITLE Administrative Analyst DATE 10-12-84

APPROVED BY _____ TITLE _____ DATE OCT 16 1984

CONDITIONS OF APPROVAL, IF ANY: