

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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. 30-025-07619 ✓

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
A-1212-1

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

8. Well No.
15

9. Pool name or Wildcat
Hobbs Grayburg (San Andres)

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 ☐

2. Name of Operator
Amoco Production Company

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

4. Well Location
Unit Letter A : 660 Feet From The North Line and 660 Feet From The East Line
Section 5 Township 19S Range 38-E NMPM Lea, NM County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3624' GR

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: Perforate and acidize to improve zone rates ☒

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.

MIRUSU 3-1-93)X KILL WELL X RTXIB X PTG X ESP EQPT. RIH X BIT X TAILPIPE X TBG X TAG @ 4212' X POH X RIH X BIT X TAILPIPE X BAILER TBG. CLEANED OUT HOLE. RIH X PERF TAILPIPE X PKR X TBG. REDRESS PKR X 17# X RIH X PKR SA 4141 X ACD OH 4175-4212' X 5000 GAL 20% NE HCL X ADDITIVES X PMP 1/2 BPM DWN BACKSIDE X MAX TRIP 1010 X AVG TRTP 750 X AIR 5 BPM X TSIP 0 X REL PKR X POH X RIH X PERF 4084-4175 W/4JSPE. RIH X PPI PKR X 4' SPACING X ACID RE-PERF PERFS 4084-4175 X 50 GAL/FT 20% HCL X TOTAL 4550 GAL X FLUSH X POH X PKR X RIH X ESP EQUIP X RBIT X WELL PMP UP X 5 MIN X 65 PSI.

RD X MOSU 3-3-93 AND 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 03-11-93
TYPE OR PRINT NAME Devina M. Prince TELEPHONE NO. (713) 596-7666

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I OFFICE

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

DATE MAR 20 1993